

## Compass Supported Living and Domiciliary Care Limited

# Compass Supported Living and Domiciliary Care

### Inspection report

9-11 Gunnery Terrace  
Cornwallis Road  
London  
SE18 6SW

Tel: 02081919622

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Compass Supported Living and Domiciliary Care Limited provides care and support to people living in a supported living setting. At the time of the inspection five people were living in individual flats on one site that had been adapted to meet their needs. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

### People's experience of using this service and what we found

We found the outcomes for people using this service reflected the principles and values of Right support, Right care, Right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### Right support

The environment was designed and adapted to meet people's needs. People lived with others who had similar support needs. People received support and care to meet their individual needs. Staff supported people in a way that promoted their independence. People were supported to keep safe. Risks to people were assessed and management plans were in place to address identified risks. Staff supported people to take part in activities they enjoyed; and to follow their interests and goals. Staff communicated with people in the way they understood. People and their relatives were involved in making decisions about their care and support.

### Right care

People received compassionate care and support. Staff knew people well and were kind and understanding towards them. Staff protected and respected people's privacy and dignity. People expressed themselves freely and staff responded to their individual needs. Staff supported people with their emotional needs and provided reassurance to people as needed. People had control over how they spent their day. They had a choice about how their day-to-day care was delivered. Staff liaised with a range of healthcare services to maintain people's health.

### Right culture

People received care and support tailored to their individual needs. The service was committed to providing good quality care to people. Staff understood the organisation's objectives and job roles. People and their relatives were involved in planning their care. There were adequate systems and processes in place to

safeguard people from abuse. The registered manager understood their responsibilities to safeguard people and deliver an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to support people safely. Robust recruitment checks were completed for new staff. Staff were trained and supported in their roles. People's medicines were managed safely. Staff followed infection control procedures and guidelines.

The registered manager and staff worked in partnership with other organisations to meet people's needs and to develop the service. The quality of the service was regularly assessed and monitored to ensure it was effective and safe. There were systems in place to report incidents and accidents; and to learn from them.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care right culture.

#### Rating at last inspection

This service was registered with us on 3 September 2019 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Compass Supported Living and Domiciliary Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection took place on 28 April 2022.

#### What we did before inspection

We reviewed the information we held about the service including notifications we had received. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. Not everyone using the service could clearly communicate verbally. People who used the service who were unable to talk with us used different ways of communicating including using pictures, symbols, objects and their body language. We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of support staff, the registered manager and nominated individual.

We reviewed a range of records. This included four people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse. People indicated they were safe at the service. One relative told us, "My loved one is quite safe in the place with staff and other people." Another relative commented, "I don't have any concerns about their safety. They are settled and happy there."
- The provider had policies and procedures in relation to safeguarding adults from abuse. Staff had been trained on safeguarding and showed they knew the various categories of abuse, signs to recognise and how to report their concerns appropriately including escalating their concerns to external agencies if needed.
- The registered manager was clear about their responsibilities including involving the local authority safeguarding team and notifying CQC. There had not been any safeguarding concerns since the service was registered.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm as staff knew what measures to follow to reduce risk to them. The registered manager assessed risks to people and developed plans to manage risks identified. Areas of risks assessed included mental and physical health conditions, behaviour, accessing and using community facilities, road safety and undertaking tasks of daily living.
- There were detailed plans in place and people at risk due to their behaviour had positive behaviour support plans (PBS) to guide staff to support them appropriately. Plan's included triggers and signs to recognise, changes in behaviours and actions to take.
- Staff followed people's support plans so prompt actions could be taken to prevent them from relapsing or incidents occurring.
- Professionals such as psychologists and psychiatrists were involved in developing plans. Staff demonstrated they understood people's plans and followed them. Support plans were reviewed regularly to reflect people's needs and risks.

Staffing and recruitment

- There were enough staff available to support people with their needs. Staffing levels were planned based on people's needs. One person told us, "The staff are always here." One relative commented, "There are usually four staff on duty each time and I think it's enough."
- Staff told us there were enough staff to meet people's needs. One support worker commented, "Staffing level is okay. We have residents on one-to-one care within the service and two-to-one in the community. We always have enough staff to support them."
- The registered manager told us staff were encouraged to do extra hours to cover vacant shifts and emergency absence. The registered manager told us they reviewed staffing levels regularly looking at

people's needs and activities taking place.

- The service recruited staff following safe recruitment process to keep people safe. Recruitment records showed clearance from the Disclosure and Barring Service (DBS) for any criminal records, satisfactory references, employment history, right to work in the UK and proof of address for staff working at the service.

#### Using medicines safely

- People were supported with their medicines in a safe way. Staff were trained in the safe management of medicines. However, we noticed that staff competencies were not always assessed by the registered manager or senior member of staff to ensure they were skilled in undertaking this task. We spoke to the registered manager and they told us they would carry out a competency assessment on all staff to check their experience and skills.
- Care records indicated what support people needed with managing their medicines. Where people had 'as when required medicines', there were protocols in place to guide staff in order to reduce the risk of over using medicines and to comply with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- We checked the Medicine Administration Records (MAR) for five people and found that they were completed fully without gaps. There were systems and processes in place for the ordering, storage, administration, recording and disposal of medicines. The registered manager audited people's medicines and MAR's to identify errors and help drive service improvements.

#### Preventing and controlling infection

- The risk of infection was controlled and reduced at the service. Staff had completed infection control training and knew what measures to follow to prevent and reduce the risk of infection. The environment was clean and hygienic.
- Staff told us, and we observed that staff practiced effective hand washing, used personal protective equipment (PPE) and properly disposed of clinical and bodily waste. People were also encouraged and supported to wash their hands properly as necessary.
- The provider was accessing COVID-19 testing for people using the service and staff in line with government guidance.

#### Learning lessons when things go wrong

- Lessons were learnt from incident and accidents and when things go wrong. Staff knew how to report incidents, accidents and near misses. There had not been any incidents reported.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to the start of the service and on an on-going basis so their needs would be adequately met. Needs assessment covered what support people required in maintaining their physical health, managing money, accessing community facilities, personal care and other activities of daily living.
- People, their relatives and other professionals contributed as part of the assessment process to understand people's needs and situations. The registered manager told us they also considered how people would integrate with other people in the accommodation before accepting them.

Staff support: induction, training, skills and experience

- Staff were trained and supported to be effective in their roles. Staff told us and training records confirmed that staff received an induction when they started and completed training specific to their roles and to the needs of the people they supported. One new staff member told us, "I completed e-learning courses and then shadowed an experienced staff. I felt confident enough."
- Staff were supported through supervisions which included one-to-one sessions, spot checks and group discussions. Staff told us they had access to the registered manager if they needed support. One said, "I had supervision not long ago. We do a lot of team meetings and these are helpful in discussing and clarifying any issues."
- Annual appraisals took place, and these were used to review performance, set goals and identify training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support they required in meeting their nutrition and hydration needs. People's nutritional needs were assessed and recorded in their support plans. Staff supported people to prepare their meals and drinks where required.
- People were supported to choose their food, do their shopping and plan their meals. Staff supported people in cooking their meals. People had access to the kitchen and were supervised where necessary to minimise any identified risks.

Supporting people to live healthier lives, access healthcare services and support

- People received support from staff to access healthcare services they needed to maintain good health. People had access to a range of services to maintain good health and the service worked with other services in an effective and coordinated way.
- Records showed staff worked with people's GP's, community mental health services and other health and

social care professionals to plan and meet people's health needs. Records showed that multi-disciplinary team professionals had been involved in developing support plans for people.

- People had individual profile sheets which contained information about their needs, medical conditions, allergies, and communication needs. This information was shared with health care services such as hospitals when required.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's capacity to make decisions was assessed. Where people were supported or required support to make specific decisions, this was documented.
- Staff had received training in MCA and understood their responsibilities to protect people's rights and freedom.
- The registered manager worked closely with the local authority where applications had been made to the Court of Protection to deprive people of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were kind and compassionate. One person said, "They [staff] are nice." A relative commented, "The staff are polite and respectful. They care about the people and most of them have worked with them for a long time so know them well."
- People were supported with their emotional needs. Care plans indicated what made people distressed, anxious and emotional and what support they might need from staff to manage this.
- We observed lots of positive interactions between people and staff. People were comfortable with staff and staff responded to promptly to their requests.
- People were supported with their needs in relation to religion, disability, sexuality and relationships. Care records indicated their protected characteristics. People were supported if they wanted to attend places of worship. Staff had received equality and diversity training and were able to demonstrate they valued people's differences.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their care. One relative told us, "I'm very involved in my loved one's care. I get informed of changes obviously nothing much has happened or changed with them so far, but communication is good."
- Care records showed that people and their relatives had input in planning their care. People choose what they wanted to do day-to-day and their choices were respected. People had an allocated keyworker who supported them in expressing their views at meetings if a person wished. A keyworker is a member of staff who is responsible for ensuring their well-being, and progress. People had access to independent advocates, if required, to represent their views and decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff spoke to people politely and appropriately. People were appropriately dressed, and their personal hygiene was well maintained.
- Staff gave us examples of how they promoted people's dignity and privacy. They demonstrated they understood the importance of doing so.
- People were supported to maintain their independence. People lived in their own accommodation and staff supported them to maintain their tenancy. Staff supported people to perform tasks they could do for themselves.
- The service supported people to learn new skills and develop their existing skills of daily living. They used assistive technology to promote people's independence. For example, the service had assistive technology that showed people how to use an appliance.

- People were involved in running the house according to their area of interest. They take responsibility for their rooms and share tasks in communal area.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care and support was planned and delivered in a personalised way. Each person had an 'About Me' document which gave clear information about their background, histories, family, social networks, preferences, and what was important to them.
- Support plans covered people's needs and what support they needed from staff to achieve their goals. Staff supported people to manage and maintain their personal hygiene, engage in activities and improve their emotional, physical and mental health conditions.
- Staff told us they had enough information to provide appropriate support to people. Support plans were developed with people and, where possible, their relatives and set out how people's needs would be met.
- Changes in people's care and support were reflected in their support plans following a review. Staff worked with other health and social care professionals to monitor people's progress and tailor the care and support to their individual needs.
- Advance care decisions had been completed for people. At the time of our inspection, no one was receiving end of life care. The registered manager told us they would work with people, their family members and health professionals to make sure people were supported as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff knew how to communicate with people using their preferred method. People's care records detailed their communication needs and appropriate methods. For example, whether people communicated verbally or non-verbally using gestures, signs, body language and lip reading.
- Staff told us they followed communication methods people understood. People's care plans, activities plan, hospital passports, were available in pictorial, and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged and occupied in meaningful way. Each person had an activity plan in place and staff supported them where required. The service had a sensory room where people could spend quiet time as they wished. A sensory room is a specially designed room which combines a range of stimuli to help

individuals develop and engage their senses

- People were supported to do the things they wanted. One person told us about their regular trips to community centres and to local shops. Another person was keen to show us the project they had in the garden and how they occupied themselves with it.
- Staff supported people to be involved in various projects in the community. People were supported to attend skills development classes, day centres and to follow their interest. One person had completed a cooking and food hygiene training.
- People were supported to maintain contacts with their friends and family. People were supported to visit their friends and relatives as they wished; and the service welcomed people's relatives and friends at the service.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they were unhappy. There was a complaint procedure available. The registered manager told us they asked people if they had any concerns during meetings. The registered manager was clear that they would investigate any concerns or complaints received in line with their procedure. There had not been any complaints since the service was registered.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported in a way that achieves positive outcomes. The service supported people to transfer from other housing accommodation. They assessed the risk and impact of moving on people individually and took steps to minimise the risk and impact on them. One relative told us, "I'm impressed how my loved one has settled. They are doing well. Most of the staff came with them and they were supported to bring personal items they had from the previous place."
  - The service had a business plan which contained the aims and objectives of the service. The nominated individual told us it helped them cope and continued to support people as needed during the pandemic. We saw key policies and procedures for the effective delivery of the service.
  - The registered manager and nominated individual regularly reviewed the service delivery plan and took actions to reduce risks to people and to ensure the service remained effective.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The registered manager understood their role and responsibilities in providing effective care to people and meeting the requirements of their CQC registration including submitting notifications as required by the law. One relative said, "[Registered manager] is very good. She knows her job and runs the place well."
  - The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They learnt from incidents or when things went wrong and were committed to improving on them. For example, they had acted on feedback received and taken steps to improve the service.
  - Staff demonstrated they understood their roles and they told us they had the leadership and direction they needed to be effective. One staff said, "The registered manager has in-depth knowledge about their role, the service users and healthcare regulations. It gives me confidence in them and makes me feel safe. I hope to work with them for a long time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their relatives and staff in running the service. One relative told us, "I'm very involved and feel part of the service. I visit loved one regularly. I give my support in doing small projects in the service. I make suggestions and they listen and act on it."
- Staff meetings took place regularly to promote communication in the team. It afforded staff opportunities to share ideas, discuss concerns and share learning. There was a suggestion box in the service where

comments and suggestions can be made openly or anonymously. Staff told us they felt listened to and they can bring up ideas to members of the management team and they will be considered.

- Staff worked with people closely and engaged them through one-to-one sessions when required. People were involved and supported in choosing their food menu, planning their activities and shopping for their personal items.

#### Continuous learning and improving care

- The quality of the service was monitored and assessed. The registered manager completed regular checks and audits of the service delivered. They looked at health and safety systems, infection control, management of medicines, staffing levels, person centred plans, care records, financial records, incident and accident, recruitment records and staff files.

- The registered manager also conducted regular unannounced spot checks to monitor staff performance to ensure they were supporting people effectively. One staff member said, "We [staff] know the registered manager can come anytime so we make sure we always do things right."

- The nominated individual reviewed the performance of the service looking at safe, effective, caring, responsive and well-led. They identified areas of improvement and worked with the registered manager and staff to improve on those areas.

#### Working in partnership with others

- The registered manager worked in partnership with other organisations such as the local authority, health and social care professionals, local charities and training providers.

- They work closely with these organisations to meet people's needs, develop activities for people and help them gain skills to find employment opportunities.