

Compass Care Homes Limited

Compass Care - South Park

Inspection report

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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

About the service

Compass Care – South Park is a residential care home providing accommodation and personal care for up to 10 people. This includes people living with sensory impairments and people living with a learning disability. At the time of our inspection 10 people were using the service.

The provider also operates a domiciliary care agency, which was providing personal care to 1 person at the time of inspection.

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

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 The Care Quality Commission (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.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care records were person centred. They reflected people's individual needs and risks to enable staff to support them safely.

Staff adapted their communication style to meet people's needs and actively engaged with them. Information was provided for people in adapted formats where required.

People were always given a choice regarding their care, support, and daily lives. Staff supported people to participate in activities that were important and enjoyable to them.

Staff knew people well and had built positive and trusting relationships with them.

Right Care:

Care records detailed people's preferences regarding how their care should be delivered. This meant people received person centred care, from a staff team who knew people well.

Staff supported people in a kind and caring way that respected their privacy and dignity. People were encouraged to maintain their independence.

The service worked in partnership with healthcare professionals to care for people holistically and meet

their health and support needs.

Right Culture:

There was an open and positive culture at the service which placed people at the centre of care delivery and achieved good outcomes for them. People were supported to live inclusive lives and access the community.

Systems and processes were in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Recommendations

We have made recommendations regarding systems and processes for reporting safeguarding incidents and recording information relating to recruitment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Care - South Park

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Compass Care – South Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Compass Care – South Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider also operates a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 June 2023 and ended on 04 July 2023. We visited the service on 20 June 2023 and 03 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with 8 people who use the service and 4 relatives about their experience of the care provided. The quality of life tool was utilised. This tool focuses on the experience of people receiving care and what it feels like for them to be using the service.

We spoke with 12 staff members including the registered manager, carers, and domestic staff. We spoke with 2 healthcare professionals who worked with the service. A range of records were reviewed including 3 people's care records and multiple medication records.

We looked at 3 staff files in relation to recruitment and supervision. We reviewed records relating to health and safety and the management of the service, including policies and procedures 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. However, incidents, whilst recorded, were not always reported to the required agencies, for example the local authority. The provider took action to address this at the time of inspection.

We recommend the provider reviews systems and processes regarding the reporting of safeguarding incidents.

- People's care records contained guidance regarding how to safeguard them and action was taken to mitigate risks to people following incidents. Staff received safeguarding training and knew how to protect people from harm.
- Relatives felt their loved ones were safe at the service. Feedback included, "I know [Name] is always safe" and "[Name] is safe there."

Staffing and recruitment

- Systems and processes were in place to support safe recruitment. However, some checks were not consistently recorded, for example, gaps in employment history. The provider took action to address this at the time of inspection.

We recommend the provider reviews systems and processes regarding recording of information relating to recruitment.

- Appropriate staff recruitment checks were completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Staff responded to people without delay and also spent time engaging with them in a meaningful way.

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to evidence safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Risks to people's health were safely assessed, monitored and managed.
- People had care plans and risk assessments in place. These were regularly reviewed and reflective of individual needs and risks. For example, 1 person's care plan for pressure care contained detailed guidance regarding how to support them and documented the correct setting for their pressure mattress.
- Health and safety maintenance checks were up to date, for example, room and water temperatures, equipment checks and electrical testing.
- Risks relating to the environment were effectively monitored and managed. For example, windows had restrictors in place and radiators had radiator guards in place. Fire drills were held, and people had personal emergency evacuation plans (PEEPs) in place.

Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate hygiene and cleanliness was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Effective Infection Prevention and Control (IPC) systems and processes were in place to prevent the spread of infection.
- The environment was clean and tidy. Housekeeping staff followed cleaning schedules which included communal areas and people's bedrooms.
- Staff received IPC training. The provider had up to date policies in place to support effective IPC.
- There were suitable stocks of personal protective equipment (PPE) which staff used as required.
- Visitors were welcomed at the service in line with latest guidance.

Using medicines safely

- Medicines were managed, stored and administered safely.
- Accurate records regarding the receipt, administration and disposal of medicines were in place.
- Staff supported people to take their medicines in a person-centred way. For example, a staff member used signs to ask a person if they wanted to take their medicines.
- Staff received training in medicines management. They understood the principles of 'Stopping Over Medication of People with a learning disability and/or autism (STOMP)' and ensured people's medicines were regularly reviewed.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions were implemented when required to minimise the risk of reoccurrence.
- The registered manager had oversight of accidents and incidents. These were analysed to identify themes or trends. Lessons learned were identified and shared with staff as a means of improving service quality.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Systems and processes were in place to assess people's needs prior to care and support commencing.
- People's life history, likes, dislikes and choices were considered throughout the development of care and support plans. Personal goals were identified and regularly reviewed.
- One health professional told us, "They go above and beyond for [Name's] care needs and meet their holistic needs."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and live healthier lives.
- One person was being supported by a well-being coach to lose weight. Staff helped the person to develop goals and offered continued encouragement throughout the process.
- The service worked with other agencies to provide effective care. One relative told us, "They are really on the ball always contacting the doctor if they need to". In addition, health professionals told us, "They triage people's needs appropriately and always contact relevant services," and "They always act on advice from our team."

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

- People's nutritional needs were effectively assessed, monitored and managed.
- People's individual needs and choices were supported. There was a menu on the wall and people had a choice regarding what they wanted to eat and when. Feedback included, "I really enjoyed my breakfast" and "The food is good here."
- Where people required support eating and drinking this was done in a kind, caring and respectful way.
- Records regarding food and fluid were up to date and accurate.

Adapting service, design, decoration to meet people's needs

- The environment was homely and where possible decorated and adapted to meet people's needs.
- People's bedrooms were personalised. One person had flashing lights around their door frame and people had personal items and decoration to make their rooms homely.
- Signs within the services had pictures and easy read adaptations.

Staff support: induction, training, skills and experience

- Staff had the necessary training, skills and experience to care for people effectively.
- Systems and processes were in place to induct, train and support staff. Staff completed training in specific areas relevant to their role and people they supported, for example, learning disabilities training.
- Staff told us they worked together as a team and felt supported. Feedback included, "We work as a team. There are [staff] to lean on and support you" and "I am supported and have been since I started."

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was acting within the legal framework for the MCA. Where people lacked capacity to make decisions, best interest processes were followed.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 supported in a kind, caring, and respectful way.
- People were happy with the service and the care they received. Feedback included, "I am really happy here," and "I love it here." In addition, relatives told us, "[Name] enjoys it there and is always happy and smiley," and "We feel we have been so lucky. [Name] is in the right place completely."
- Interactions between staff and people were considerate, encouraging, and supportive. For example, when assisting a person to eat a staff member asked, "Would you like some more" and "Does that taste ok for you". In addition, staff members supporting a person to move offered reassurance saying, "That's it [Name]. You are doing so well. That's it, you are ok."

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

- People were supported to express their views and make decisions about their care.
- People made their own decisions regarding their daily lives. For example, one person wanted to frequently change their clothing and staff supported them to do so. Another person enjoyed playing board games and staff participated in this. One staff member told us, "People are always given a choice. This is their home."
- People felt at home and were able to live how they wanted to, for example, getting up and going to bed when they wanted to.
- Staff knew people's preferences and wishes and supported them accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence promoted.
- People appeared clean and well presented. Staff supported people with personal care where needed.
- Staff asked people's permission before providing support. For example, "Is it ok if I help you to move now?" In addition, we observed staff knocking on people's bedroom doors prior to entering.
- Staff knew what people were able to do independently and encouraged this. For example, during lunch time a staff member encouraged a person to cut up their own food.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were supported in an individualised way that met their needs and preferences.
- Care records reflected people's views, choices and wishes. For example, a care plan for 1 person documented, "I am now being supported to lose weight this is my choice to help with my mobility and overall health". The person told us, "We achieve my goal together."
- Records showed people were involved in care reviews. Relatives told us they were also involved. Feedback included, "I am always asked if I want to be involved in care reviews," and "My [relative] is always involved in [Name's] care and treatment reviews."
- There was a call bell system in place at the service. People were able to use this to alert staff should they require assistance.
- The service was able to provide end of life support where required and had a policy in place regarding this.
- At the time of inspection there was nobody at the service requiring end of life support. However, people who chose to, had care plans in place reflecting their end of life wishes.

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 supported to maintain relationships with friends and family. They were supported to follow their interests and participate in activities they enjoyed.
- Activities were planned in collaboration with people. People participated in a wide range of activities both at the service and within the local community. For example, pet therapy, gardening, swimming and horse riding.
- People told us about a holiday that had been planned for the near future. One person said, "I am going on holiday with another person that lives here and two staff members for a long weekend. I can't wait. I got some new trousers to go, and we are staying in a hotel."
- Relatives told us they were always welcome at the service to visit their loved ones. One relative told us, "My [relative] visits every afternoon. They look after my [relative] too."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication methods and needs were documented and guidance for staff was included within care records.
- Information was available to people in a range of formats, for example, easy read or large print.
- Feedback from people and relatives regarding communication with staff was positive. One relative told us, "They always contact us and they are always really quick at answering if I want anything".

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to follow should a complaint be received. At the time of inspection the registered manager informed us no complaints had been raised.
- Feedback from relatives was that they felt able to raise concerns and that they would be responded to. One relative told us, "I know who to go to if I have any problems. I can phone [the registered manager] any time but I have never had to because [staff member] is so good."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection governance systems were ineffective. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems and processes were in place to monitor the service and drive improvement.
- The registered manager maintained good oversight of the service. Where shortfalls were identified both the registered manager and provider took action without delay.
- The registered manager understood their regulatory requirements and the need to notify CQC of any significant events at the service.

Continuous learning and improving care

At our last inspection systems and processes had not been established effectively to ensure the quality of the service continually improved. This was a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager analysed data from the service, for example, accident and incident information. They shared this information with staff to learn lessons and improve standards.
- Staff were supported via supervision and observations as a means of monitoring practice and making improvements when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff created an open and positive culture at the service which was person

centred and achieved good outcomes for people.

- Systems and processes were in place to support engagement with people, relatives and staff. For example, via surveys, meetings and supervision.
- People and relatives were consistently positive about the service and the registered manager. People told us, "I love it here" and "I'm really happy here. It is my home." Relatives feedback included, "We feel really, really comfortable with [staff]. It's all about being a homely friendly, environment. We feel we have been so lucky" and "Whenever I need anything [the registered manager] is there."
- Staff were happy in their role and felt supported by the registered manager. Feedback included, "I love working here the residents are so nice and the staff. I am supported by [the registered manager] and have been since I started," "People know they can go to [the registered manager], they will listen and sort things," and "The management team are doing a good job. I love it here."

Working in partnership with others

- The service worked effectively in partnership with other healthcare professionals, for example, learning disability services and speech and language therapy, to meet people's needs.
- Health professionals working with the service spoke positively about the experience. Feedback included, "They are incredibly compassionate. They have gone above and beyond for [Name]'s care needs. They have adopted all suggestions from our team" and "They are valued for the skills they bring. [The registered manager] knows what to look out for. They adapt to the needs of people. It is very good quality care."

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 responsibility under the duty of candour and was open and honest when accidents and incidents occurred.