

Community Homes of Intensive Care and Education Limited

Compton House

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: Compton House is a residential care home that was providing accommodation and care to 11 people at the time of the inspection. The home is located in a semi-rural area on the outskirts of Winchester and provides support for people with learning disabilities or autistic spectrum disorder.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. e.g. People's support focussed on them having as many opportunities as possible to gain new skills and become more independent.

People were happy living at Compton House, interactions between people and staff were relaxed and caring. People were able to communicate in ways they preferred and staff offered people choices about all areas of their care and treatment.

People received a safe service because the provider had systems and processes which helped to minimise risks. This included recruitment procedures and training for staff about how to recognise and report suspicions of abuse.

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.

People were supported by staff who worked with other professionals to consider the most effective approaches if a person exhibited behaviours which challenged. Staff focussed on spending time with people in ways they wished and were confident about how to respond if a person became upset.

Compton House placed a focus on progression for people. Care plans were regularly updated to reflect people's changing needs and we saw evidence of the changes in people's abilities since moving to the home. Staff worked with people to encourage and build independence and social skills.

Staff enjoyed their roles and spoke with affection about the people they supported. The registered manager was approachable and responsive and worked alongside their team to improve outcomes for people.

Systems and processes were in place to provide regular oversight of the service and drive improvements.

A full description of our findings can be found in the sections below.

Rating at last inspection: Good. Published 9 August 2016.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

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

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

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.

Compton House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of learning disabilities and autism.

Service and service type:

The service is a 'care home'.

People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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.

Inspection site visit activity started and ended on 9 March 2019.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about.
- Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements.
- We spoke with three people who received a service and observed staff interactions with people. We gathered feedback from four professionals who had knowledge of the service and three relatives.
- We looked at a selection of records which included three care plans, three staff files, records of accidents, incidents and complaints, audits and quality assurance reports.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staff understood the risks people faced and their role in managing these. Where people exhibited behaviours which could challenge, there was guidance for staff about signs to be aware of and approaches to help people to feel calm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about how to protect people from potential abuse, the signs to look for and how to report.
- One staff member explained "you might find that they (people) are refusing to go near members of staff, can become introverted - presenting differently to what they normally would".
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.

Assessing risk, safety monitoring and management

- Risk assessments were person centred and gave guidance to staff about how to manage the risks people faced. Examples included choking, risks when accessing the community and environmental risks.
- Positive behaviour support plans (PBSP) were in place, up to date and in line with best practice. These provided staff with guidance on approaches to use if people displayed behaviours which may challenge others or the service.
- Physical interventions were used by staff with some people living at the home. Regular staff had all received appropriate training and confirmed that interventions were only used as a last resort if the person put themselves or others at significant risk. Staff explained that if agency staff were working on shift, regular staff responded if physical interventions were required because they had received the relevant training.

- Systems were in place to regularly check all areas of the home to ensure it was safe for people. Examples included fire safety checks, legionella checks and equipment checks. Maintenance records showed that staff alerted any issues which were actioned promptly.

- People had Personal Emergency Evacuation Plans (PEEPs) in place which gave details about support staff would need to provide if people needed to be evacuated from the building.

Staffing and recruitment

- People were supported by sufficient numbers of safely recruited staff. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

- Most people living at Compton House required some one to one support from staff. We saw that staffing levels were planned to ensure that people had the appropriate level of support. Most people needed staff to drive them when they accessed the community; rotas were planned five weeks in advance and ensured that there were sufficient staff available to enable people to access the community.

- Compton House used some agency staff, the registered manager explained that they were familiar to people and that they only used one agency. They had recruited some new staff who were in the process of completing their induction. Agency staff were seen to interact with people appropriately and people were relaxed in their company.

Using medicines safely

- People received their medicines safely and as prescribed. We observed two people being supported to take their medicines in the way they preferred and that staff recorded this accurately in the person's Medicine Administration Records (MAR).

- We checked four people's MAR and saw that they were completed accurately and audited regularly.

- Additional checks were in place to ensure that stock was monitored and medicines were stored securely and at the correct temperatures.

Preventing and controlling infection

- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.

- All areas of the home were clean and free from malodour and there had been no infectious outbreaks in the 12 months leading up to the inspection.

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and there was an Infection Control policy in place which provided guidance to staff.

Learning lessons when things go wrong

- Accidents and Incidents were recorded and monitored to identify any trends or gaps in service delivery. Behavioural incidents were recorded and analysed to learn and improve practice to reflect people's changing needs.

- The registered manager told us that they attended shift handovers with staff and said, "We ensure that we

discuss any incidents or accidents and safeguarding to share learning. Also we discuss in supervisions and we have a handover book which staff read and sign when they come on shift".



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

People's outcomes were consistently good, and people's feedback confirmed this.

People were supported by effective care which was planned around their individual needs and wishes. Staff had the necessary knowledge and skills to support people effectively.

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

- People had a 'pen' profile which gave an overview of important information about them which included; how people made choices, their preferences, likes and dislikes.

- People were supported through a transition period when they moved to Compton House. This included staff spending time with people where they were living prior to their move. The registered manager explained, "From transition point we send our staff to spend time with people and observe. Talk to family, observe daily living and interactions. We know them before they come to Compton".

- Pre-assessments were used as a basis for developing people's Positive Behaviour Support Plans (PBSP). These were created over time as staff observed and assessed how people settled in to their new home. For example, one person was exhibiting a behaviour when they first moved to the home. Through observation and assessment, staff were able to identify the trigger for this and the person no longer exhibited this behaviour.

Staff support: induction, training, skills and experience

- New staff were supported through an induction programme and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

- We observed a new member of staff who was spending time reading through care plans and getting to know people living at Compton House as part of their induction. Staff received weekly supervision initially as part of their induction to the home.

- Staff were supported with regular supervision and an annual appraisal. One staff member told us, "I get feedback from management, we talk about any issues with people or staff, training that I might need to do."
- Staff received training in several areas which were considered essential. These included health and safety, moving and assisting, Autism and Asperger's, intensive interaction, person centred care and strategies for crisis intervention and prevention.
- The Choice Care Group had a multi-disciplinary Positive Behaviour Support Team (PBST) who supported staff by providing prompt intervention and guidance for staff about how to support people presenting behaviours.
- Staff told us that they were supported to access other learning relevant to people. A staff member explained that they had recently been supported by the PBST to work with a person who was displaying a new behaviour. They explained, "PBST stepped in and helped out. This has worked really well."

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

- People were supported to make healthy choices about what they ate and drank. We saw evidence that staff had worked with people after moving to Compton House to improve their diet and that this had had a positive impact on people's lives.
- Feedback from one professional explained, 'I have witnessed evidence of how the service supports their client group to make healthier diet choices and expand the variety of foods that they are eating - for some clients this has led to improving their nutritional intake significantly.'
- Compton House employed a chef who provided meals for people if they did not wish to be involved in preparing meals with the support of staff. We saw that other people prepared meals with the support of staff and were involved in shopping for their meals.

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

- Compton House provided a safe environment where people could move about freely.
- Outside space was well designed with space for people to spend time in ways they wished. We observed people using the grounds throughout our inspection.
- Doors had codes to protect people from identified risks. We observed that people were immediately supported to access areas such as the kitchen if they wished and that codes did not restrict people. For example, people came in and out of the office throughout the inspection where they chose to do so.
- Photos and artwork people had created was displayed throughout the home. People were keen to show us their bedrooms and their personal items which they had chosen. One person had a tree in their room because they loved Christmas, another person showed us photos on their wall and told us who the people were.

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 a range of health care professionals when required. Examples included opticians, advance nurse practitioner and learning disability nurse. We saw evidence of prompt advice and support being sought where people were unwell.
- Staff told us they supported people to visit health professionals. Each person had a health action plan which reflected the support they required to maintain good health and wellbeing. For example, one person had not had an eye test for several years. This was identified in the action plan and was being arranged.
- Feedback from visiting health professionals was positive with comments including, '[Registered manager name] and her team have been very keen with the health checks to ensure medications are reviewed and clients' health is optimised.' and, 'They support the individual to have required physical health monitoring required in line with the medications which they take'.
- People received an annual health check as per best practice for people with a learning disability. The registered manager explained that staff worked with the local surgery to complete a questionnaire about their annual health checks before these were undertaken.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. A member of staff explained that if a person was admitted to hospital they ensured that people, "Take their medication and a copy of their positive behaviour support plan goes with them".

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Compton House were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Capacity assessments considered specific decisions people needed to make about their care and treatment and detailed how decisions about capacity had been made.
- Where decisions were required in peoples' best interests, these included the least restrictive options for people, involved those important to them and considered any relevant past or present wishes.
- A health professional explained '[Registered manager name] and her staff ensure that each client is treated individually, as an adult and are very respectful about the decision indicated or made by the client'.
- Staff had received training in the MCA and understood the principles and how these applied in practice.

One member of staff explained, "our understanding about MCA is checked in supervision."

- DoLS applications had been submitted to local authorities and some had been authorised. Where authorisations had expired, subsequent applications had been made. The registered manager told us there were no DoLS conditions attached to any authorisations at the time of inspection.



Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

People had close relationships with staff and communicated in ways which were meaningful to them. Staff spoke with warmth and affection about the people they supported.

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

- Staff viewed people living at the home as their family. We observed gentle, tactile contact and staff took time to interact with people in ways which were meaningful to them. For example, one person connected with staff through touch. We observed that they approached different staff throughout the inspection. The process would sometimes take some time, while they would explore the staff members face, looking at teeth, touching their face, stroking hair, looking into their eyes and then put their cheek to the member of staff. Each and every staff member approached in this way, stopped to acknowledge this contact and responded appropriately.

- Staff were eager to tell us about their role and spoke with affection and enthusiasm about people. Comments from staff included, "I'm constantly amused, amazed or touched by what they (people) do. Sometimes it's just the little things, [person's name] will hand me little rocks in the garden and I think 'thanks mate, he included me in his world. ... Staff are brilliant, when you see so many committed, passionate people it makes you want to be part of that.", "I love watching that path, the journey they're on and to make their lives as active as possible and think how can I contribute to this?" and "I come and meet my friends here, I mean Service Users and Staff alike".

- A professional told us, "[Registered manager name] and her staff ensure that each client is treated individually, as an adult and are very respectful about the decision indicated or made by the client".

- People also showed us that they were happy living at Compton. Comments included, "I'm settled and happy. I really love it here" and "I'm more happier here. It's nice to live here not like other homes before. They don't get cross with me when I'm angry".

- People who could not speak with us showed us they felt cared for in other ways. We saw people laughing, holding hands with staff and using non verbal communication frequently which staff immediately understood and responded to. One person replied that they were happy when a staff member asked them using sign language. The staff member explained "When she swings and bounces she's happy."
- Compton House was respectful of the diversity of both people living at the service, and staff. All staff had received training in equality and diversity and the registered manager discussed incidences when they had worked both with people and staff to ensure that everyone was treated with equality and in a respectful way.
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes, including time spent in privacy. No-one at Compton House required support to meet their spiritual needs, however care plans reflected that people had been involved in discussions to consider this.
- Several compliments had been received from visiting professionals and comments included, 'Very happy house, superb carers, always helpful and professional. Everyone is always helpful and all seem to work well as a team', 'Helpful staff who display good knowledge of [person's name]. Excellent quality written notes, very person centred, good interactions witnessed between staff and people' and 'The home feels like a happy place'.

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

- People were enabled to make choices in ways which were meaningful for them. We saw that social stories had been created and successfully used with people to discuss areas including fire evacuation and discrimination. Social stories support people to understand events, activities and situations. These are created using photo's, pictures and key words.
- A staff member explained how they used pictures to enable one person to make choices and said, "We offer them two choices with pictures...or they can point to what they want in the fridge. [Person's name] will sign to indicate yes".
- We observed people making choices, throughout the inspection, about how they spent their time. Examples included people going out for breakfast or going to buy a DVD. People choosing to spend time in different ways in the garden or to go out in the morning or afternoon.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful if people wished to spend time in privacy and care plans reflected how to support people to maintain their dignity.
- People were encouraged to support themselves wherever possible and we saw evidence of this during the inspection. One person had been supported to tidy their room. Another was supported by staff to make their own breakfast in the main kitchen at the home. One person came in to the office with a staff member, they touched the bin bag on the bin and the staff member said, "Oh yes, we need a bin bag for you don't we" and went with the person to get this.

- Another person had wanted to get pet rabbits and told us about how they cared for them. They explained, "I've got two rabbits Parsnip and Bunny. I feed them and I clean them out. They have to have clean water every day."
- Some people were supported by staff to go out visit and spend time with their loved ones. Where people had loved ones who visited regularly, they were welcomed. One visitor explained, "There's always someone to meet us and there's always people around".
- Information about people and staff was stored confidentially and we saw that information about the new General Data Protection Regulation had been shared with people in ways which were accessible for them. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people at the home will have more say over the information that the home holds about them.



Our findings

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

People's needs were met through good organisation and delivery.

People were supported and encouraged to be involved in their local community and support was responsive and tailored to the needs of each person.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in reviews about their care and treatment. We saw that reviews were held regularly and involved people, those important to them and involved professionals. People were involved in ways which were accessible for them, for example using pictorial information.
- Staff at Compton House were exceptionally focussed on ensuring that people progressed and developed while living at the home. Staff spoke with passion and warmth about the changes they had seen in people. We saw examples of how this approach had impacted on peoples lives.
- One person would not leave their own room for six months after moving to the home. With continued collaborative work, the person was difficult to recognise from the photograph of when they first moved to the home. They now spent time in the main house regularly, went out in to the community and had started to form a friendship with another person at the home, inviting them in to their own space. They were a healthy weight following support to improve their diet and enthusiastically showed us their diary in which they had planned out what they wanted to do.
- Another person had needed police involvement on several occasions when they moved due to behaviours which were extremely challenging. They posed a risk to others and extensively damaged their room and surrounding environment. With staff involvement, they were able to understand the triggers for the behaviours and work to form close professional relationships with the person. At the inspection we saw that the person rarely exhibited the previous behaviours. They were learning to cook and had started to invite other people living at the home to spend time with them in their own space. The person told us about their trip out in the morning and said, "I was all low (this morning) but I've cheered up - I'm all happy again now... we went out for a [restaurant name]".
- One person had moved to the home around a year ago. Their progression had been so significant that the

home were working with external professionals to support the person to move to a more independent living setting. A staff member explained "when [person's name] first came they didn't speak but now they speak and ask questions - they'll now ask for food or a drink or to go out."

- Staff worked extremely hard to ensure that people were able to maintain relationships which were important to them. This included taking people to visit their loved ones where needed and working with people to develop and maintain relationships where they had become difficult or broken down.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in individual communication plans. Staff understood how to meet these needs and we saw that a variety of communication aids were used including Makaton, picture exchange communication systems(PECS), gestures and social stories.
- Staff worked with people to enable them to access a range of activities in the community. They considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. Consideration was given to times when community areas could be too noisy and busy for people or when activities might heighten anxiety or trigger behaviours which could challenge. A professional explained "The client group get a good balance of activities and relaxation time. All clients living at Compton House are encouraged to participate in activities and exercise that suit them, each with individualised timetables".
- People were supported by staff who persevered to ensure that people had equal access to activities they might enjoy. For example, one person wanted to participate in an exercise class. This was not successful initially. However, staff continued to explore options and the person now enjoyed a session weekly. Staff told us that the person had enthusiastically showed them the moves that they had learnt. The registered manager explained "we spend time with people considering what interests people have what they want to do and achieve. We plan goals and we develop skills".

Improving care quality in response to complaints or concerns

- Where complaints had been received, these had been investigated and responded to and monitored through regular audits.
- The complaints policy included timescales for complaints to be acknowledged, investigated and responded to.
- People were provided with information about how to complain in a range of different formats which were accessible for them. These included Makaton, pictures, sign language or CD.
- One person told us, "I could talk to anyone here if I had a problem".

End of life care and support

- People were supported to consider their preferences around end of life care. We saw that one person had created their end of life care plan with staff. It included pictorial information about what they had chosen. The information detailed what the person wanted to happen and who they wanted involved.
- Another person had experienced a family bereavement. Staff had supported them with a social story before they had visited the person in hospital and supported them to cope with their emotions following the

bereavement.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Compton House was well managed and staff were confident and passionate about delivering high quality, person centred to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were supported by an effective management team who were approachable and responsive. Staff enjoyed working at the home and spoke with enthusiasm about their role in supporting people. Comments from staff included, "It's about seeing the progress with the residents, it's being a part of that. It is so rewarding", "I find myself going home with a smile on my face", "My favourite part is the interaction with the residents – you don't get that feedback in any other job" and "I would have to give Compton House the highest rating, I really would, we have faced a lot of challenges but we have a fantastic team and a fantastic management team - it's a joy to come to work".
- The registered manager explained "I used to be on the floor so they [staff] know I used to work on the floor and I know what it's like. I treat them [staff] how I would want to be treated as a staff member. In return I see their commitment and they are happy and feel supported".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- The registered manager was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- Regular checks were in place to ensure that people received high quality care. Where any gaps or areas for improvement were identified, actions were planned and taken to address these.
- Staff understood their roles and responsibilities and communicated effectively throughout the inspection to ensure that they could provide people with appropriate support. A staff member explained "we verbally catch up throughout shifts about how people are and keep up with how people are doing".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, staff, relatives and professionals were encouraged to feedback about the service through formal questionnaires and informal discussion. People were involved in regular meetings with staff either individually or in a group to feedback about the support they received.
- The registered manager was supported by the assistant regional director who visited regularly. They also had regular provider meetings and sought support from other registered managers to discuss practice and consider improvements.
- The registered manager explained how staff provided feedback about new ideas or approaches which informed support people received. Staff told us that the management team were approachable and responsive to suggestions and ideas.

Working in partnership with others

- We saw evidence of collaborative working throughout the inspection. Involved professionals included learning disability teams, speech and language therapists and commissioners.
- Feedback from professionals was positive with comments including, "Staff and the leadership team do engage with me and are always willing to listen to feedback", "The manager of the service and staff that have been present at the review meetings have good knowledge of the young person and understand support needs. The manager has responded efficiently to my requests for information and updates" and "I feel that I have built a really good relationship with the service users and staff at Compton House, they all recognise me and respond positively with any input required due to the trusting and effective relationships formed".