

Community Homes of Intensive Care and Education Limited

Compton House

Inspection report

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Date of inspection visit:
11 September 2022
12 September 2022
13 September 2022

Date of publication:
23 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Compton House is a residential care home providing personal care to up to 11 people. The service provides support to adults with learning disabilities, autism and other multiple needs. There is a main house which accommodates eight people and three self-contained annexes which accommodate three people. At the time of our inspection there were 11 people using the service.

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

People were not supported to have maximum choice and control of their lives. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The provider was not able to demonstrate how they were fully meeting the underpinning principles of Right support, right care, right culture.

Right Support: People were not always supported to use their preferred communication methods consistently. We observed people mostly being supported to make choices and be listened to. However, there were areas where this could be improved. People were offered regular opportunities to share feedback with the service. However, the forms used were generic and did not appear to meet the needs of everyone living at Compton House. The registered manager had developed close working relationships which supported positive outcomes for people.

People were mostly 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. The provider was working with the staff team and people to promote consistent person-centred care and positive risk taking.

Right Care: People's privacy and dignity was supported, and the provider's policies and processes supported this. People's care plans and risk assessments had started to be updated since the last inspection and they were more detailed, and person centred. However, there were occasions when the guidance in place wasn't being followed.

Right Culture: The ethos, values, attitudes and behaviours of leaders was passionate about supporting people using services to lead confident, inclusive and empowered lives. Training was being utilised to develop best practice and approaches within the service. However, more needed to be done to ensure people were fully involved in shaping their support. People were being supported to identify personal goals to increase their independence. Whilst this was a work in progress, people had successfully achieved some of their goals which had resulted in a positive outcome for them. Relatives were positive about the registered manager and the changes they had made so far to the service.

Safe recruitment processes were not always followed. We had received concerns relating to unsafe staffing levels, especially at weekends. We inspected the service out of hours unannounced. During the inspection we observed safe staffing levels and staff appeared unhurried and available to meet people's support needs.

People confirmed they were happy living at the service and relatives told us they felt people were safe. There were appropriate policies and systems in place to protect people from abuse. Staff confirmed they were confident appropriate action would be taken if they had any concerns.

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Quality assurance processes were not always effective. Some of the concerns identified during the inspection had not been picked up by the provider. Whilst the registered manager was responsive and took action to address concerns when highlighted, we were concerned the provider's systems and processes were not sufficiently robust. The provider had not always sufficiently investigated incidents to prevent reoccurrences. The provider had not ensured records relating to the management of the home had always been completed or were accurate. We identified concerns in relation to poor record keeping.

The registered manager and provider responded immediately during and after the inspection. The registered manager developed an action plan with realistic timescales to address the shortfalls identified.

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 26 April 2022). 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 the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

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.

We received concerns in relation to staffing levels and management oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Compton House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to recruitment of staff and a continued breach in relation to governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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

This inspection was carried out by two inspectors, an assistant 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.

Service and service type

Compton House 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. Compton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the Care Quality Commission 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spent time with nine people; getting their feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We spoke with six members of staff including the registered manager, area regional director, deputy manager and support workers, including agency staff. We reviewed a range of records. This included support planning documentation for three people and multiple medicines records. We looked at four staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment processes were not always followed. The Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 had not always been met. For example, we found for three of the four staff files reviewed, there were gaps in employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people.
- Schedule 3 sets out eight categories of information required to be kept by providers about all persons employed such as, satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, and a full employment history, together with a satisfactory written explanation of any gaps in employment.

The failure of the provider to obtain a full employment history of staff is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We had received concerns relating to unsafe staffing levels, especially at weekends. We inspected the service out of hours unannounced in response to the concerns we had received. During the inspection we observed safe staffing levels and staff appeared unhurried and available to meet people's support needs. However, there was a reliance on agency staff and during the inspection we observed some agency staff new to the service who were not as familiar with people or the service. The provider was open with us about the challenges of recruitment and told us of the initiatives they had implemented to recruit more staff.
- Relatives confirmed staffing levels were sufficient. Comments included, "They seem to have enough staff now" and "There has been a change of staff in the recent past and they do use agency staff. One member of agency staff was particularly helpful."

Assessing risk, safety monitoring and management

- At the last inspection we had concerns guidance detailed in people's care plans and risk assessments was not always being followed. At this inspection we still had concerns. Whilst the provider had taken action to ensure people's guidance was followed in relation to choking risks, we observed occasions where guidance was not being followed. For example, in relation to using people's preferred communication methods.
- Care plans and risk assessments were in date. At the time of the inspection the registered manager was in the process of updating all the care plans and risk assessments for the 11 people living at the service. The updated care plans were very detailed, and person centred.
- We found some concerns in relation to fire safety and fire records during the inspection. For example,

there was a locked fire exit which required a key to open it. We spoke to the registered manager who took prompt action to implement a procedure to ensure in the event of an evacuation the door would be unlocked by an allocated staff member and told us they would update the relevant documentation to reflect this.

- Overall environmental risks were mostly assessed, monitored and reviewed regularly. At the last inspection we had identified concerns in relation to outstanding maintenance works. At this inspection we found identified maintenance works were completed in a timely manner and there was an effective process in place for the reporting of, and completion of, required maintenance. The registered manager worked closely with the maintenance team to ensure actions were completed.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The provider had their own positive behavioural support (PBS) team who provided additional support to Compton House. The PBS team regularly reviewed restrictive practices within the service to ensure they were necessary and the least restrictive measures. Through this process they had identified restrictions had been in place for one person which were not appropriate. They worked with the registered manager and staff team to understand why it was not appropriate and to remove the restrictions. This had resulted in a positive outcome for the person.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we had identified concerns in relation to the investigation of unexplained bruising. At this inspection we found this had improved. The registered manager had implemented a robust process for identifying, reporting and investigating safeguarding incidents, including unexplained bruising. They worked with external professionals to identify possible causes and to take action to prevent recurrence.

- People confirmed they were happy living at the service and relatives told us they felt people were safe. Comments from relatives included, "I have no concerns about [relative's name's] safety at Compton House. They are happy living there", "Yes, they are very happy there and they feel safe" and "I feel it is safe now, but it wasn't a year ago ... At the time it felt like no one was overseeing what was happening at Compton House."

- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff confirmed they were confident appropriate action would be taken if they had any concerns.

Using medicines safely

- Medicines were administered in line with people's preferences. Medicines were clearly annotated with the date of opening and revised expiry dates where necessary and all medicines reviewed were in date.

- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN

medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain.

- Systems were in place for medicines storage, administration and management. However, these were not always effective. There were concerns in relation to some of the medicines records. This has been reported on in more detail in the well-led domain.

Preventing and controlling infection; Visiting in care homes

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Clinical waste bins were not always suitably placed within the service to support safe disposal of hazardous waste. We spoke to the registered manager about this who promptly ordered additional bins to be strategically placed within the service to address this.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- At the previous inspection we found concerns with the 'behaviour observation charts' (BOCs) which were used to report incidents where people had become distressed. The provider had made changes to the charts following the last inspection. However, the BOCs reviewed during the inspection did not always evidence any follow-up investigation or response by the management team. In addition, where further action had been identified, it was not clear if the action had been completed.

- The registered manager told us they reviewed the BOCs regularly with the PBS team; however, these reviews were not always completed promptly. We were concerned there was a delay in reviewing some BOC's which delayed support for people and staff as the reviews had waited to take place for when the PBS team visited the service. The provider told us all BOCs should be reviewed daily by the management team for initial review with a further review by the PBS team when onsite. We were told this would be actioned immediately.

- Additionally, we were concerned the reviews were not always effective in identifying lessons learned. For example, there was one incident where a person's positive behavioural support plan had not been followed but this had not been identified during the review. This meant no learning had been carried out with the staff team and there was a risk the incident would reoccur.

- Since the last inspection the registered manager had implemented a robust falls protocol which was accessible to staff. The registered manager ensured they had oversight of incidents involving falls and unexplained bruising and worked with external professionals to identify changing support needs, investigate underlying health conditions and measures to implement to reduce recurrence.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving 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

At our last inspection the systems in place to assess and monitor and improve the service were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance processes were not always effective. Some of the concerns identified during the inspection had not been picked up on by the provider. Whilst the registered manager was responsive to take action to address concerns when highlighted, we were concerned the provider's systems and processes were not sufficiently robust.
- The provider had not always sufficiently investigated incidents to prevent reoccurrences. We have reported on this in more detail in the safe domain.
- The provider had not ensured records relating to the management of the home had always been completed or were accurate. For example, some weekly fire checks had not been consistently completed and the daily medicines counts were inaccurate and had not been identified by the provider. Whilst the medicines administration records evidenced people's prescribed medicines had been consistently administered, there was a concern the provider would not be able to identify if any medicines were unaccounted for.
- We identified concerns in relation to poor record keeping; there were inconsistencies and gaps in some records. For example, the entries in some daily notes were not reflective of the incident forms completed. Such as where there was an incident where someone became distressed, but the daily notes recorded there had been no concerns and made no reference to the incident which had occurred. Another example includes recording charts which had not been consistently completed, such as missing signatures and daily notes not completed.

The systems in place to assess and monitor and improve the service were not effective. This was a continued

breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider responded immediately during and after the inspection. The registered manager developed an action plan with realistic timescales for addressing the shortfalls identified, promptly completing actions which could be actioned immediately. Although not enough improvement had been made and the provider was still in breach, we did observe some improvements had been made since the last inspection.

- Some of the concerns identified the registered manager had been aware of and had been working to address. The provider had a service improvement plan which tracked their progress. The provider had an external quality assurance team who provided additional support to the service.
- The area regional director was new to the service but was providing support to the registered manager. They showed us the new audit they were about to implement which would be completed monthly. This was a much more robust audit which would be used to plan improvements to the service.
- The registered manager had recently implemented a full management team and ensured there was management cover available every day. The management team worked flexibly which meant they were available to support the staff team when there were crises.

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

- People were offered regular opportunities to share feedback with the service. However, the forms used were generic and did not appear to meet the needs for everyone living at Compton House. Where people had provided feedback, there was no evidence of any follow-up with people when actions were identified. The registered manager and provider were receptive to the feedback and told us they would review this.
- We observed people mostly being supported with one-to-one support with the management team providing additional support where necessary to facilitate activities. We observed people being supported with activities of their choice and when someone changed their mind, or requested a different activity to the planned activity, they were supported to do the activity they preferred. However, at times we observed a lack of communication with people about activities and some staff were observed to be led more by other staff in what activities were available to people as opposed to supporting the person to decide. For example, people were offered the opportunity to go out and when staff were asked how it was decided where they were going the staff member said it was somewhere they knew they thought people would enjoy. Whilst people did appear to have enjoyed the activity on their return, they hadn't been supported to be involved in choosing where they were going.
- Relatives confirmed they were kept updated about their loved ones and communication on the whole had improved since the registered manager had been with the service. Comments included, "I get contacted by telephone if I need to be updated about [person's] care" and "I get my updates when I visit the home to see [person]."
- The management team including senior management, and the staff team, demonstrated an open and transparent approach. There was an open-door policy in place; we observed people and staff both felt comfortable accessing the office and the registered manager was observed making themselves available to people and staff throughout the inspection.
- The provider's quality assurance processes included spending time with people and carrying out observations in shared spaces. This enabled interactions between people and staff to be observed and to identify if people's needs were being met. It also enabled instant feedback to be shared with staff and the registered manager.
- Staff were supported with regular team meetings and confirmed they felt these were useful. Staff were

able to add agenda items for discussion and were encouraged to offer feedback and suggestions.

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

- We observed people being supported with activities and some warm and positive interactions between people and staff they knew well. However, some staff did not seem to utilise the opportunities to engage with people when supporting them one-to-one. However, the provider was aware of this and the PBS team were providing additional support. In addition, the management team spent time role modelling and carrying out observations.
- The registered manager told us about the activities course the activities coordinator had been attending which would support people with positive risk taking and personalised activities. It was a week's long course designed to support the activity coordinator with positive risk taking approaches, how to support people to identify meaningful personalised activities and how to support the staff team.
- People were being supported to identify personal goals to increase their independence. Whilst this was a work in progress, people had successfully achieved some of their goals which had resulted in a positive outcome for them. For example, one person had been supported to increase the variety of their diet which was now more balanced and healthier.
- The registered manager was passionate about the people they supported and their staff team. They had attended external training courses run by the local authority to ensure best practice and to promote best outcomes for people. For example, oral hygiene training. They demonstrated how this training had informed their practice and how they had cascaded this training to the staff team. They promoted continuous professional development and led by example.
- Since the last inspection, the registered manager and staff team had worked together to get to know people and their preferred ways to be supported. This had resulted in a reduction in incidents and a calmer environment for people to live in. Whilst there were still some improvements required in relation to learning from incidents, overall, the provider could evidence a reduction in incidents within the service.
- Relatives were positive about the registered manager and the changes they had made so far to the service. Comments included, "I am happy with the manager there now [registered manager's name]. It was very inconsistent after the first lockdown when the previous permanent manager left ... Leadership is evident now", "At Compton House things are on the up. I have more confidence now there is consistent improvement" and "It's almost a year since [registered manager's name] has been in post. They have done a complete overhaul of the staff group and have made an impact on Compton House."

Working in partnership with others

- The provider worked with a variety of health and social care workers. The registered manager had developed close working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required. For example, to physiotherapists and occupational therapists.
- The registered manager ensured people were supported to advocate for their support needs and to access services. People were supported to access healthcare services as they needed. For example, GPs and dentists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess and monitor and improve the service were not effective. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The failure of the provider to not obtain a full employment history of staff is a breach of Regulation 19 schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>