Compass Care Homes Limited

Compass Care - South Park

Inspection report

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Huddersfield
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Date of inspection visit: 17 and 18 September 2015
Date of publication: 02/11/2015

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection of Compass Care - South Park took place on 17 and 18 September 2015 and was announced. We previously inspected the service on 10 April 2013. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Compass Care - South Park provides care and support for up to 10 adults who are living with a learning disability. On the days of our inspection eight people were being supported at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person we spoke with told us they felt safe. The registered manager and the staff we spoke with were aware of their responsibilities in keeping people safe. A personal emergency evacuation plan (PEEP) in place for each person who lived at the home.

Staff and relatives did not express any concerns over staffing and we found staff had been recruited safely.

Summary of findings

Medicines were stored and administered safely. Staff received training and their competency was assessed to reduce the risk of errors being made with people's medicines.

The interactions between staff and people who lived at Compass Care – South Park were relaxed and friendly. Staff respected people's right to privacy and encouraged people to make choices about their lives.

There was a system in place to ensure relevant information was passed between staff. Staff received training and management support and new staff were supported when they commenced employment.

Staff we spoke with understood the Mental Capacity Act 2005 and how this impacted upon the people they supported.

People had access to external healthcare support as and when they needed it.

We could not evidence people participated in person centred activities on a regular basis. People's care and support records were person centred and provided the detail required for staff to enable staff to provide appropriate care and support. We have made a recommendation about involving people in their care.

Relatives told us they would speak with the registered provider or registered manager in the event they had any concerns.

The registered provider and registered manager were visible within the home and were knowledgeable and understanding of people's individual needs.

There was a quality assurance and governance system in place to drive continuous improvement. The registered manager planned to introduce further audits to ensure all aspects of people's care and support were reviewed. There were regular meetings for staff and people who lived at the home.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

One person we spoke with and a relative said people were safe at the home

Recruitment procedures were thorough.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received regular training and supervision.

People care records detailed their ability to make decisions about their lives.

People were offered a choice of food and drink which met their individual needs and preferences.

Good

Is the service caring?
The service was caring.

Relatives we spoke with told us staff were caring.

Interactions between staff and people who lived at the home were relaxed and friendly.

People's privacy was respected. People were supported to make life style choices.

Good

Is the service responsive?
The service was not always responsive.

We could not clearly evidence people were routinely supported to participate in social activity.

Peoples care records were person centred.

The home had not received any complaints.

Requires improvement

Is the service well-led?
The service was well led.

The home had a registered manager in post. Staff told us they felt supported by the registered provider and registered manager.

The registered manager had begun to implement a number of audits to monitor and improve the quality of the service people received.

People's views and opinions were gained through resident meetings and feedback forms.

Good

Compass Care - South Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 September 2015. The inspection was announced. We telephoned the registered manager on 17 September 2015 to inform them of the inspection. This was because the service was a small care home for adults and we needed to be sure that someone would be in. The inspection team consisted of one adult social care 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. The expert by experience on this occasion had experience in caring for people with a learning disability. One inspector also visited the service again on 18 September 2015.

Before the inspection we reviewed all the information we held about the service including notifications, and we spoke with the local authority contracting team and two external healthcare professionals. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the dining room observing the care and support people received. We spoke with one person who was living in the home and we telephoned and spoke with two relatives of people who lived at Compass Care - South Park. We spent time looking at four people's care and support records, two records relating to staff recruitment and training, and documents relating to the service's quality assurance. We also spoke with the registered provider, registered manager and two support staff.

Good

Is the service safe?

Our findings

We asked one person who lived at the home if they felt safe and they told us , "I do feel safe here." A relative we spoke with said, "I am very happy that my (relative) is safe. I really do feel that (relative) is safe."

Both support staff we spoke with were able to describe types of abuse and the action they would take if they were concerned someone who lived at the home was at risk of abuse or harm. This included knowledge of how to raise any concerns with an external organisation, for example the local authority safeguarding team. This showed that staff were aware of their responsibilities for safeguarding people who used the service.

We saw information on display in the registered manager's office which provided advice for staff as to the action they should take in the event they had any safeguarding concerns. The registered provider's safeguarding policy included the telephone numbers for the local authority safeguarding team and the Care Quality Commission (CQC). This meant information was readily available for staff.

Both of the care and support plans we reviewed contained risk assessments; for example, choking and slips and trips. The risk assessments recorded the date they had been implemented and the date they were due to be reviewed. One of the staff we spoke with told us risk was about, "How you can make things achievable, it's about making it happen. We wouldn't just say 'no you can't." The registered manager echoed this, "It is about positive risk taking, it's not about stopping people (doing something)." They told us as part of their review of peoples care and support records they planned to analyse the risk assessments to ensure they were reflective of people's current needs and abilities. This meant people's care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We asked one of the support staff what they would do if a person who lived at the home had an accident or a fall. They told us the action they would take to deal with the matter and how they would gain appropriate medical advice, if required. We saw evidence accidents were recorded by staff and the report was then given to the registered manager to review.

Regular checks were made on the fire detection system and there was a personal emergency evacuation plan (PEEP) in place for each person who lived at the home. A PEEP is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated.

We saw equipment was provided to support people's physical needs. This included hoists, height adjustable beds, wheelchairs and pressure reducing mattresses.

One of the bedrooms we inspected had an en-suite shower. When we felt the temperature of the water it was very hot. The registered manager told us the person would not be able to use the shower without staff support. However, we asked the registered manager to investigate how the water temperature could be controlled to ensure there was no risk of scalding to anyone who lived at the home.

We asked one person who lived at the home if they felt there were enough staff. They said, "No, not enough staff." When we asked two of the relatives, they both said they said they felt there was enough staff to meet people's needs. One relative said "I am happy that there are enough staff."

Staff we spoke with did not express any concern over staffing levels at the home. They told us there were two staff on duty during the day with a third staff member rostered on duty to enable scheduled activities to take place. Overnight there were two staff on duty, one as a 'sleeper' and one staff on a waking duty. Staff told us agency staff were not used and sickness was covered by the staff team. The registered manager said they were at the home at five days per week and were able to provide extra support for staff if required. They also told us how one person had been allocated a number of hours for 1:1 staffing which was required with a particular aspect of their support.

We looked at two staff files and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form and a record was retained of notes made during the candidates' interview. References had been sought and potential employees had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups.

Good

Is the service safe?

Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in the cupboard where people's medicines were stored to ensure the medicines did not spoil or become unfit for use.

We saw a monitored dosage system (MDS) was used for a number of medicines while others were supplied in boxes or bottles. We checked two boxed medicines and found the stock tallied with the number of recorded administrations. We noted one person was prescribed a topical medicine (cream). A document containing a body map was kept with the medication administration records (MAR). This provided information for staff as to where, when and why the cream should be applied.

One of the staff we spoke with told us they were currently completing further training in medicines management and had also received an assessment of their competency. The registered manager told us they had begun to complete competency assessments with staff and showed us one of the assessments they had recently completed. This showed people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

As part of our inspection we looked in some people's bedroom and the communal areas of the home, including bathrooms and toilets. We found the home to be clean and odour free. We noted some small patches of mould in some of the bathroom and toilets we looked at. We brought this to the attention of the registered manager on the day of the inspection. We saw protective equipment available for staff to use, including, gloves and aprons. This showed the registered manager was taking steps to ensure people who lived at the home there were protected from the risk of infection.

Good

Is the service effective?

Our findings

We asked one person who lived at the service if staff were good at their jobs. They said, "Yes." A relative said, "Yes they seem well trained to me."

We asked staff how information regarding people who lived at the service was passed to different members of the team. One staff member said there was a handover between staff at the changeover of each shift and there was also a communication book. They said the communication book was a useful tool if staff had been off for a number of days. This demonstrated there was a system in place to ensure staff were notified of relevant information.

Staff we spoke with told us they received regular training and supervision. One staff member told us they had completed training in moving and handling, fire and food hygiene. They also said they received supervision with either the registered provider or registered manager on a regular basis. Another staff member also said they had completed a variety of training courses, some of which had been online. However, they said moving and handling training had included practical training.

We saw certified evidence in each of the staff files we reviewed that staff had completed training. The registered manager told us they did not have a matrix which provided them with an overview of each staff member's training requirements but they told us this was on their list of things they needed to do. The registered manager showed us the recent supervision records for each of the staff whose records we had reviewed. They told they were currently completing observational supervisions with all the staff. This showed staff received regular management supervision to monitor their performance and development needs.

We asked how new staff were supported in their role. One staff member said new staff shadowed a more experienced staff member for a number of shifts. They also said the new staff completed a six week induction programme which included completion of training in a variety of topics and getting to know the people who lived at the home. This demonstrated new employees were supported in their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us they had completed training in their previous role and expressed understanding of MCA and DoLS. They told us no one at the home was subject to a DoLS but they were aware of potential restrictions on people's liberty within the home. They assured us they would contact the local authority to seek guidance regarding potential DoLS applications for people.

We asked staff about their understanding of this legislation. One of the staff said, "Everyone is deemed to have capacity. Most people here have a degree of capacity, they communicate in their own way with us." Another staff member told us about a person who lived at the home who had limited capacity. They explained about the choices staff made in the person's best interest, for example about what clothes to wear or which meals to eat. They also told us about the behaviours the person presented with which indicated to staff if they were happy with the choices made on their behalf, or not. When we looked at this person's care and support records we saw it evidenced what the staff member had told us. However, we did not see any recorded evidence of a formal assessment of their capacity or best interest decision regarding these aspects of their care.

In one of the care and support records we looked at we saw a document, 'record of decision making' which evidenced details about the decision making process regarding a specific expenditure for an individual. The registered manager told us this was a new document they had begun to implement in people's records where staff had made a decision on a person's behalf. Clear documentation of the decision making process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

Staff told us no one at the home was subject to any restraint. They told us about one person who was sometimes resistive to staff supporting them with their personal care needs. One of the staff we spoke with told us how would try to encourage the person to let staff support them but that they respected the person's right to refuse support. This showed staff respected the decision of this person to refuse care interventions.

Good

Is the service effective?

A relative told us, "I am happy with (relatives) food and drink, (relative) has been there about a year and put a little bit of weight on, which was needed, it's all fine."

The kitchen was clean and homely in character. Staff we spoke with were knowledgeable about people's dietary needs and preferences. One staff member told us people were asked each week about the food they would like to eat for the following week. They said the bulk of the shopping was done weekly, online and then a member of staff went out on a Friday to collect extras for the weekend. They told us about one person who often went with the staff as they enjoyed pushing the supermarket trolley.

Staff told us breakfast was served on an individual basis as people got up. They explained lunch was also made for each person depending upon what they wanted to eat, the main meal being served at tea time. One of the staff said one main meal was cooked for everyone but if anyone did not like the meal then an alternative was always provided for them. This demonstrated people were enabled to eat food of the choice.

Each of the care and support records we looked at recorded the food and drinks the person did and did not like. One person's care and support plan detailed, 'I am able to enter the kitchen and make snacks and drinks with staff support'. However, on the day of the inspection we did not see any one being supported by staff to make drinks or snacks.

People received additional support when required for meeting their care and support needs. One person who lived at the home told us they had recently been visited by the district nursing service. Prior to the inspection one of the external healthcare professionals told us, "I have always found the home very responsive and accommodating and have had no concerns. They always bring hospital passports and valuable information in with the residents. They have a good relationship with the GP and appear to respond appropriately to individual's health needs in a timely manner."

Staff told us how they could access the GP and district nurses and we saw evidence in one of the care and support files we looked at where external health care professionals had been involved. The registered manager told us how they had supported a person who had recently spent a period of time in hospital. They said a member of staff had visited at least daily to provide extra support for them.

Compass Care - South Park comprised of two dorma bungalows which have been converted to provide a home for up to ten adults. Each person had their own bedroom with a sink. One person had also had an en-suite shower. There was a dining room and two lounges, one of which provided a desk for staff and secure storage for people's care and support records. There were communal toilets and bathrooms. The registered manager told us one of the bathrooms had a wet room shower and a bath. They said consideration was being given to removing the bath which would make the wet room facility more accessible for people. There was access to a garden at the back of the property which included decking and a pond with fish. There was also a garden to the front of the home but this was slightly overgrown and unkempt. We observed only one person who lived at the home whose mobility was limited, however, there were a number of steps throughout the home and in the garden area. This may mean that in the event people's physical abilities change, their ability to access areas of the home may be impeded.

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Good

Is the service caring?

Our findings

Both relatives we spoke with told us staff were caring. One relative said, "I was impressed by the genuine affection that the staff had for some of the clients." Another relative said, "I am massively relieved that (name of relative) is so well placed. I feel so pleased and it is a weight off my mind."

One of the external healthcare professionals told us, "The new manager seems very good. Staff present as very caring towards service users and in general it appears a happy and well run home."

Throughout the inspection we observed interactions between staff and people who lived at the home to be relaxed and friendly. The staff we spoke with, including the registered provider and the registered manager spoke to people in a professional but caring manner. We heard friendly chatter between staff and people who lived at the home and every staff member we spoke with demonstrated a knowledge and understanding of people's individual needs.

We noted that bathroom doors had locks in place so that people could be afforded privacy. People were also able to lock their bedroom doors. We saw one person had a key in their bedroom door lock. The registered manager told us the person liked to lock the door when they left their bedroom but did not like to carry the key around with them and therefore they left it in the door lock. One person's care plan recorded, 'I like to lock my bedroom door, even when I am in it'. This demonstrated staff respected people's right to privacy.

Each of the care and support records we reviewed included an information leaflet about how to respect people's dignity and privacy. We asked the registered manager if the home had a member of the support staff who was a dignity champion. A dignity champion is member of staff who is designated to ensuring all staff are committed to taking action, however small, to ensure people are treated with compassion, dignity and respect. The registered manager told us they did not, but this was something they planned to implement. They explained this was to ensure treating people who lived at the home with dignity was a priority for all staff. We saw a copy of the registered manager's dignity champion certificate on the wall of their office.

We saw people's care and support records were kept securely and not left in communal areas. This prevented unauthorised access to people's records.

Staff we spoke with told us how they supported people to make choices. One staff told us how they enabled one person who lived at the home to make choices about their meal. They said, "We ask (person) to come to the kitchen and pick what they want." People's care records detailed the choices people were able to make. For example, one care and support record detailed, '(person) goes to their room when they want to go to bed'. Another recorded, 'I choose what time I get up and whether I want breakfast in bed or in the dining room'. One person we spoke with told us they got up in a morning 'when they wanted to'. This demonstrated people were encouraged to make their own choices regarding their day to day lives.

We asked a person if they had heard of the advocacy service. They said, "No, I've never heard of an advocate." We saw an information leaflet regarding advocacy on the office wall, we also asked the registered manager about their knowledge of the advocacy service. They understood the role of the advocate and knew how to access the service if this was required. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves

Requires improvement

Is the service responsive?

Our findings

We asked one person what activities they participated in. They said, "My (relative) takes me to the park, but I only go with them. We all sit around." They also told us about a specific activity which they enjoyed but they added, "I can't go, not enough staff".

One of the staff we spoke with told us one person was going to the cinema that day. We also noted a car was available for staff on a daily basis to enable them to take people out. The dining room walls had a number of montages of photographs from various trips and holidays but these were all dated from a number of years ago, for example, a barge trip in 2005.

People's care and support records detailed people's hobbies, interests and the activities they enjoyed. The daily records evidenced the care and support people had received and the choices they had made throughout the day. For example when they had got up and the meals they had eaten but there was very little evidence that people had been supported to participate in person centred activities or meaningful occupation. We noted in one of the care and support records we reviewed that the person frequently refused or changed their mind about participating in activity but this was not evidenced in their daily records. In a 16 day period the only activity or occupation recorded in their daily records were a number of entries which detailed 'watched a film' and one entry which recorded 'went to town'. Another person's care and support record detailed a number of activities they enjoyed but over a sixteen day period we only saw one entry which recorded they had participated in the any of these activities.

Where appropriate people's care and support records also recorded details to enable staff to support them in the event they were upset or distressed. For example, one person's record detailed potential triggers which may cause them anxiety and the action staff should take to de-escalate their behaviour. Another record detailed the behaviours the person demonstrated when they were happy or upset. This information was important as some people at the home were not always able to verbally communicate with staff.

Documents detailed the date of implementation and when they were due to be reviewed. One staff member told us about a person's record which had recently been updated. They said they had reviewed the document and asked the registered manager to add some further information which was relevant to this individual. The registered manager told us all care and support plans would be reviewed at least annually. They said some people's care records required updating and they were in the process of completing these. They told us future reviews would involve the person, key staff involved in their support, family and relevant health care professionals where appropriate. One staff member told us they had recently reviewed one person's care plan with them and we saw where the person had signed one of the documents. However, there was little indication people who lived at the home had been routinely involved in their care plans. This meant we were not able to clearly evidence people had been consulted about their care and support. We recommended the registered manager seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care and support.

We asked both relatives what they would do if they were unhappy with any aspect of the service. One said, "If something wasn't right I would speak to the manager or the owner, I have spoken to both of them in the past. I get on with the manager, I feel that I can trust her." Another relative said, "If I had any problems I would speak to the key worker, the manager and the owner. I have met all three and spoken to them all. They keep in touch with me every week".

The registered manager told us the home had not received any complaints.

Good

Is the service well-led?

Our findings

The registered manager had been employed at the home for about four months. The registered provider was also present on the first day of the inspection. While they did not live in the local area, they told us they visited the home on a weekly basis. Throughout the period of the inspection both the registered provider and the registered manager were friendly but professional, demonstrating knowledge of the care and support needs of the people who lived at the home. Information and documentation we required as part of the inspection process was readily available and information was easily located.

Both staff we spoke with told us they felt supported by the management team. One staff said, "They are a lovely management team to work with." Another staff member said, "(Name of registered manager) is lovely. They give us things to do and making sure we do our jobs properly."

The registered manager showed us audits which had been completed of people's medicines. We noted these had been completed in June, August and September 2015. We saw where an issue was identified, action taken to address the issue were also recorded. The registered manager told us they planned to complete monthly medicines audits. The registered manager told us they had completed an audit of staff handover sheets and planned to implement regular reviews of people's care and support records including daily records.

The registered provider completed a review of the service on a monthly basis. We reviewed the records for two months and saw the document recorded the staff and people they had spoken with as well as matters relating to staff training, the environment and other matters which may affect the running of the home.

This demonstrated the registered provider had a quality assurance and governance system in place monitor the quality of the service people received.

Staff meetings had been held in April, May, June, July and August 2015.There was also a staff meeting held on the afternoon of the first day of our inspection. The registered manager told us they had also held meetings dedicated to senior care staff as well as general staff meetings. We reviewed one set of minutes for July 2015 which discussed topics including meals and implementing designated staff 'leads' in areas such as dignity, medicines and infection prevention and control.

We saw evidence of resident meetings which had been held in March, April, May and August 2015. The minutes recorded the names of the people who had attended and the comments each person had made. The registered manager told us people who lived at the home had been asked to complete a quality feedback form in May 2015. We saw five forms which had been completed and returned. The forms were in an easy read format consisting of a simple question and the relative pictorial symbol. The registered manager told us each form had been completed by staff with the person. There were no negative comments recorded. One person had responded to the question about what they would do if they were worried, the recorded response was 'I can talk to the new boss'. The registered manager told us they planned to do a further feedback survey in the next three to four months. This showed people who lived at the home were asked for their views and opinions.