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

This unannounced inspection of Compton House took place on 24 and 25 May 2016. The home provides accommodation and support for up to 11 people with learning disabilities, autism or mental health diagnoses. The primary aim at Compton House is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The service consists of a large detached house with three self-contained bungalow annexes within the grounds.

At the time of the inspection there were five people living in the home. Three people had their own bungalow annexe, while two people had en-suite rooms within the main house. The rear garden had been adapted to provide recreational areas to meet particular individual's needs. People and staff were proud of their home and garden.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and relatives told us they trusted the staff completely as they provided reassurance when people worried and made them feel safe. Staff had completed safeguarding training and had access to current legislation and guidance. Staff had identified and responded appropriately to safeguarding incidents to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

Since Compton House began providing a service in August 2015 there had been 22 incidents which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. During our inspection we found that effective action had been taken by the provider, which had resulted in a considerable reduction in such incidents. People had been safeguarded against the risk of abuse by staff who took prompt action if they suspected people were at risk of harm.

Where risks to people had been identified in their care plans measures were implemented to manage these. Staff understood the risks to people's health and welfare, and followed guidance to manage them safely. People were kept safe by staff who demonstrated their understanding of people's risk assessments and management plans.

There were sufficient numbers of staff deployed with the necessary experience and skills to support people safely. The registered manager completed a weekly staffing needs analysis in order to ensure that any changes in people's needs were met by enough suitable staff.

Staff had undergone required pre-employment checks, to ensure people were protected from the risk of

being supported by unsuitable staff. Staff had received an induction into their role, required training and regular supervision which prepared them to carry out their roles and responsibilities.
People were cared for by sufficient numbers of well trained staff who were effectively supported by the registered manager and senior staff.

Medicines were administered safely in a way people preferred, by trained staff who had their competency regularly assessed by the provider. Medicines were stored and disposed of safely, in accordance with current legislation and guidance.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People were encouraged to be as independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made in their best interests. People were supported by staff to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed appropriate DoLS applications where required, which had been authorised. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

Staff had undertaken equality and diversity training and understood how to support people to maintain their privacy and dignity. Where people's needs changed these were identified by staff and reported to relevant healthcare services promptly where required.

Staff had developed trusting and caring relationships with people and spoke with passion about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to pursue social activities of their choice, which protected them from social isolation.

Relatives told us they knew how to complain and that the provider encouraged them to raise concerns. Three complaints had been raised since the provider began to provide a service in August 2015. These had been managed in accordance with the provider's complaints policy and procedures, to the satisfaction of the complainant. When concerns and complaints were raised records showed they were investigated and action was taken by the provider to make improvements where required.

Staff had received training in the core values of the provider, which were; to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. Staff were able to explain what these values meant to them and how they applied them while supporting people, which we observed being demonstrated in practice.

Relatives and staff told us the service was well managed, with an open and positive culture. People, relatives and staff told us the registered manager was very approachable, willing to listen and make any necessary changes to improve things for people. The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

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.

People were protected from abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

The registered manager completed a staffing needs analysis to ensure there were sufficient staff to meet people's needs safely. The provider completed relevant pre-employment checks to make sure people were cared for by suitable staff.

People received their medicines safely, administered by staff who had completed safe management of medicines training and been assessed to be competent to so do.

Is the service effective?

Good

Staff received appropriate training to support people with complex needs effectively. Regular supervision and updated training ensured staff retained and demonstrated the skills required to meet people's needs.

People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated a clear understanding of legislation relating to consent, mental capacity and deprivation of liberty safeguards.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were supported by staff to maintain good health, have access to healthcare services and receive on-going health care support.

Is the service caring?

Good

People were treated with kindness and compassion in their day to day care by staff who responded to their needs quickly.

Staff engaged positively with people and encouraged them to make choices about their own care and how they wished to spend their time.

Staff promoted people's dignity by treating them as individuals and respecting their diversity. Staff took time to listen to people and make sure they understood their wishes.

Is the service responsive?

Good

People received personalised care that was tailored to meet their needs.

People and their relatives were listened to and were involved in the running of the service and development of their care plans.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Complaints were acknowledged and resolved to the satisfaction of the complainant.

Is the service well-led?

Good

The service was Well Led

There was an open and caring culture throughout the home. Staff spoke with pride about their home and understood the provider's values, which they demonstrated in the delivery of people's care.

Staff felt they were able to raise concerns and issues with the registered manager who was always approachable and willing to listen. The management team provided feedback to staff in a constructive way which motivated them to take the action required.

The registered manager provided clear and direct leadership to staff, who understood their roles and responsibilities.

The registered manager strove to deliver high quality care to people and carried out regular audits to monitor the quality of the service and drive improvements.

Compton House

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 checked 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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of Compton House took place on 24 and 25 May 2016. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result, this inspection was carried out by one adult social care inspector and a specialist advisor. A specialist advisor is someone who has recognised clinical experience and knowledge in a particular field. In this case the specialist advisor had expertise, skills and knowledge in relation to supporting and communicating with people who are living with a learning disability.

Before the inspection we read all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. We had not requested the registered manager to complete a Provider Information Return (PIR) about the home. 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 gathered this information during the inspection. We also looked at the provider's website to identify their published values and details of the care and services they provided.

During our inspection we spoke with four of the people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people living at Compton House.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, the provider's project development manager, the assistant regional director, the two deputy managers, the assistant manager, one team leader, one senior care worker, the

activities coordinator, twelve staff and a member of agency staff. We also spoke with four relatives, four visiting health professionals and a visiting hair dresser.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at nine staff recruitment, supervision and training files. We looked at the individual supervision records, appraisals and training certificates within these files. We examined the registered manager's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We also reviewed staff rotas during January 2016, February 2016 and those between 24 April 2016 and 24 June 2016. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with, three other health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service and one person's Independent Mental Capacity Advocate (IMCA). IMCA'S support people who are assessed to lack capacity to make decisions about medical treatment or where they live, and have no family or friends that it would be appropriate to consult with about those decisions.

This was the first inspection of Compton House since it began to support people in August 2015.

Good

Is the service safe?

Our findings

People told us they felt safe living at Compton House and trusted their staff. One person told us, "I like (member of staff) because she knows me and always helps me. (Member of staff) makes sure I am safe." Relatives told us their family member was cared for in a "safe environment".

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people. Where staff training needed to be refreshed we noted this had been scheduled to be completed within two months of our inspection. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required. Posters in the home reminded staff of their responsibility to protect people from abuse.

Since Compton House began providing a service in August 2015 there had been 22 incidents which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. The registered manager told us the vast majority of these incidents involved behaviours which may challenge others, displayed mainly by two individuals, which records confirmed. As a result the local authority had directed the provider to devise and implement action plans to ensure people's and others safety. During our inspection we found these action plans had been implemented, which had resulted in a considerable reduction in incidents where people displayed behaviours which may challenge others.

One person who had been the subject of safeguarding referrals had moved to another service within the provider's care group nearby. During the inspection this person visited Compton House with staff supporting them and used the garden swing. We observed this person who was happy and relaxed and displayed no anxieties. This was a significant change in their behaviour. We spoke with another person who had been the subject of several safeguarding incidents. We noted there had been a considerable decrease in the number of incidents where this person had displayed behaviour which may challenge others. They told us, "I feel safe now " and "I know the staff care for me". People had been safeguarded against the risk of harm because the provider had taken action to protect them.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. People's support plans noted what support people needed to keep them safe, for example; in relation to accessing the community, visiting the local shops and post office and completing activities like trampolining, fishing and gardening. These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others, for example; one person was supported to go fishing by a health and social care professional who had supported them historically and knew them very well. Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans. One person visited a local allotment on the first

morning of our inspection. Staff were able to explain risks associated with this activity and the actions they implemented to protect the person and others from harm in accordance with their support plan. Risks affecting people's health and welfare were understood and managed safely by staff.

If people displayed behaviours which may challenge, these were monitored and where required referred to health professionals for guidance, which was followed by staff. Staff were aware of and alert to the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

The service had an emergency call system in place. We observed this activated three times during our inspection in response to a person requiring support with their increased anxieties. Staff attended and provided the required sport in a sensitive manner, in accordance with people's positive behaviour management plans.

Where required, people were supported to manage their finances and were protected from the risk of financial abuse by staff. We observed transactions where staff adhered to the provider's financial management and recording processes. Each person had a record detailing evidence of all of their financial transactions, including relevant receipts, witnessed by two members of staff. The management of individual's finances at the home were audited weekly by the management team. People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse.

People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to support people safely, for example; people's means of communication, their medicines and any known allergies. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. The registered manager had conducted regular fire drills to ensure people's safety in the event of a fire. We read social stories which had been created for people in a format to meet their needs which explained what would happen in the event of a fire or evacuation procedure. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage which may cause risk to people and others visiting the home. People were protected from environmental risks within the home.

Sufficient staff were deployed to meet people's needs safely. Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed to meet the changing needs of people, they were provided from within the home's own staff on overtime or from within the provider's care group, which improved consistency of care and support by staff who knew people. The registered manager monitored the overtime of staff who willingly volunteered, to ensure they did not put themselves or people at risk by working when too tired to support people safely. Where unforeseen circumstances arose, such as staff absence due to sickness, the provider ensured other staff were available to cover. On the first day of our inspection one staff member had to leave work and we noted the registered manager immediately arranged other staff to come in. The registered manager provided additional support until the replacement staff arrived.

Staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where prospective staff had an adverse DBS record these circumstances were explored thoroughly and where required the provider carried out a risk assessment. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People's medicines were administered safely by staff who had completed safe management of medicines training. The management team told us they assessed the competency of staff to administer medicines annually, which records and staff confirmed. To ensure that safe procedures and the provider's policies were followed, medicines were administered by two staff at all times, which records and observations confirmed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined. People were supported to take their medicines safely. Where people were prescribed medicines there was evidence within their health action plans that regular reviews were completed to ensure continued administration was still required to meet their needs.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. The home's medicines lead completed a weekly stock check of all medicines and the registered manager completed a monthly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose.

Good

Is the service effective?

Our findings

People told us staff knew their needs and how they wished to be supported. We were supported by staff to speak with people in accordance with their communication support plans. Two people indicated by gestures and smiling that they were well looked after. One person told us the staff had been well trained. They told us staff had "Good training" so they "Know what to do and how I want to be supported to do things".

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.

Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Records showed that the provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Records demonstrated that the registered manager had completed courses relevant to their role and responsibilities. The provider had established an academy to provide opportunities to develop all of their staff, for example; the deputy managers had either completed or commenced an advanced management development programme. The assistant manager had completed a foundation management course. These courses were relevant to their particular roles and responsibilities at the home. People were supported by staff who had the necessary skills and knowledge to meet their needs.

Staff had received formal one to one supervisions with their designated line manager every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were well supported by the management team and the registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. Staff said that the provider was very flexible and understanding of staff's personal and family needs when required. During the inspection we observed the registered manager and deputy manager compassionately support a staff member who needed to leave work for family reasons. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

The management team held monthly staff meetings and weekly senior staff meetings to discuss issues and ideas to support people. We reviewed minutes of staff meetings during 2016 which reinforced training and best practice, for example; allocation of protected time for staff to complete the care certificate and how to record positive behaviour support by staff. These minutes also addressed concerns raised by staff and recorded the advice and guidance provided by the management team.

Relatives and care managers told us that the registered manager and staff involved them in all decisions relating to people's care and support, which records confirmed. We observed staff constantly seeking people's consent about their daily care and allowing them time to consider their decisions, in accordance with their support plan. We observed staff supporting people with limited verbal communication making choices by using pictures and their knowledge of the individual's adapted sign language.

People had a communication assessment which documented how people communicated their choices. This also documented how to involve people in decisions, and the people to consult about decisions made in their best interests. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support.

The registered manager and staff demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary. These processes and best interested decisions had mainly been recorded effectively, although they were not always easily accessible.However we reviewed one set of circumstances where a best interest decision had been made by a health professional and relatives of a person, without consultation with the registered manager, to obtain a blood test. This process had not been recorded effectively to demonstrate the blood test had been obtained lawfully and the person's human rights had been protected. The registered manager has implemented additional processes to ensure that all best interest decisions are effectively recorded by visiting health professionals within people's care records, as well as their medical notes.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for the five people in the home, in accordance with legislation. At the time of our inspection these were in the process of being reviewed and awaiting authorisation. Paperwork associated with these applications demonstrated that the lawful process of mental capacity assessment and best interest decisions was completed before applications were submitted. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

Visiting health professionals told us they had been impressed by the commitment of staff supporting individuals effectively, using the least restrictive methods of support, in accordance with their support plans.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume sufficient nutritious food and drink to meet their needs.

During dinner time we observed that two people chose to eat together in the communal dining area. Both people appeared relaxed and enjoyed each other's company. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks.

People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. A person told us, "If I'm poorly I tell (staff member) and they get the doctor." A relative told us how the staff had recently promptly contacted their family member's GP when they developed a skin irritation, which was recorded in their health action plan. People were supported to maintain their health and welfare.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring. During the inspection we observed staff were highly motivated and had a strong team spirit, where support was readily volunteered without being sought. Staff responded to people with patience and understanding, whilst following positive behaviour support plans. When people became upset or anxious we observed staff promptly offered reassurance and comfort. When asked about the strengths of the home one senior staff member said, "I think it is the way staff really care about the people living here. At first it was quite challenging getting to know people and how to support them when they were worried or anxious. It is much better now because staff understand people more and how to respond to their individual needs." Staff understood what triggers potentially upset people, for example; one person experienced a change in their mood when it was sunny. Staff explained how they took action in relation to known triggers to prevent these situations occurring or escalating, thereby supporting their well-being.

Staff told us they took pride in caring for people, treating them with compassion and consideration. One member of staff said, "I get immense satisfaction from working here. Every person has different qualities and I come to work trying to make them feel happy and special." We observed these values demonstrated by staff during our inspection. Staff were observed to be considerate and caring.

Staff engaged people in conversations about things which interested them that did not just focus on the person's support needs, for example; one person enjoyed working in the garden, while another enjoyed using computer equipment. We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff spoke with people in a thoughtful and considerate way to enquire how they were. Healthcare professionals told us that on their visits to the home staff had always been attentive while supporting people.

Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. One relative told us the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families. They told us, "The manager and staff are willing to listen and learn from family who have known them (people using the service) longer. It is clear that people living there really matter to (the registered manager) who wants to do their best for them."

Staff had developed trusting relationships with people and spoke with passion about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

Staff spoke fondly about their special memories whilst working at Compton House, which frequently described small steps taken by individuals. One staff member told us how they had struggled to bond with one person, who had initially displayed challenging behaviour towards them. They were now proud that their personal relationship had developed to such an extent this person now sought their support whenever they were anxious or upset.

The registered manager told us that staff developed positive relationships with people by taking time to engage with them. During one observation over the course of an hour we saw one person and a staff member interacting in the garden. Initially the person provided limited responses to the staff member who did not give up. The staff member joined in with the person's chosen activity of pulling at the grass on the lawn. Their patience and perseverance was then rewarded with bursts of positive interaction, including playing with a ball and a game of 'hide and seek'. Throughout this interaction we observed the person and staff sharing and exchanging frequent smiles and laughter.

Relatives told us people were encouraged to be as independent as possible. They told us people were able to make choices about their day to day lives and care staff respected those choices. People had their own activity schedules which they completed themselves or with support where required. Staff gave people time to communicate their wishes and did not rush them. In one person's support plan under a section entitled 'About things I want to do' it stated 'it may take me up to an hour just to leave the house, staff's encouragement and reassurance is vital at this point'. Staff were able to explain how they encouraged this person in accordance with their wishes. Staff respected people's right to decide whether to participate in activities. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and also to decide when they had had enough.

A new member of staff told us that their caring qualities had been evaluated through the provider's recruitment and induction process, which was confirmed by records. Staff told us that they had completed shadow shifts prior to their selection where their response to people and their needs had been assessed. New members of staff told us they had received good management and team support to develop relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

During visits to the home relatives had provided advice and guidance to staff about how to support their family member accessing the community and engaging in activities. One person told us it was important to them to keep in contact with their family which the registered manager and staff enabled them to do, for example; one person wished to visit a close relative regularly who had their own health issues. We reviewed records which demonstrated how the staff arranged these visits to the person or meeting with them to complete activities in the community. Another relative told us they were provided by the registered manager with regular updates about their loved one by emails and telephone. Relatives, representatives and health and social care professionals told us they were invited to people's reviews and kept up-dated about people's progress.

One person told us they would be interested in meeting other people to enjoy their favourite activities together. The provider had developed a system within the care group called 'Smile - Creating Friendships that go that extra mile'. This system supported people to build positive friendships with others. This process also supported people who had expressed a wish to meet a partner. The deputy manager told us they were hopeful to develop this system with another service within the provider's care group nearby to provide this opportunity for the person and others living at Compton House.

The provider had created a directory of all available advocacy services local to people living at Compton House. One person was currently being supported by an advocacy service, including one Independent Mental Capacity Advocate (IMCA). An IMCA is a specialist advocate who safeguards the rights of people who lack mental capacity to make particular decisions and have no appropriate relative or friend to consult about those decisions. The IMCA told us the registered manager ensured they were involved in all relevant decisions made in the person's best interest.

People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy, for example; supporting them to replace clothing.

When staff wished to discuss sensitive, personal matters with people they did so in private. Staff had discussed sensitive issues, for example; while supporting one person who was exploring their sexuality. These issues were treated with strict confidentiality, while ensuring the person received the necessary support to maintain their emotional well-being.

Good

Is the service responsive?

Our findings

People told us that staff listened to them whenever they wished their support. One person told us the staff supporting them at that time, "Always listens to me". Relatives told us that the home provided person centred care and support which was tailored to meet their family member's needs. One relative told us, "The registered manager is very approachable and will listen to our concerns or suggestions and then put them into practice." Another told us, "We are involved in all decisions about (their family member's) care. Health and social care professionals told us that the registered manager and staff listened to their advice and guidance which they implemented in practice. One health care professional told us staff were responsive to individual's needs and were committed to their best interests.

The registered manager and other supervisors had completed training in person centred care planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs. One person had specific instructions recorded under 'things you can do to help me', for example; if I stick my tongue out at you, stick yours out at me. There were pictures and instructions how to do this, which we observed staff following in practice. This person's care records also contained communication training slides about how to support this person from a Speech and Language therapist.

Staff had undertaken personalised care training to ensure they delivered care to meet people's unique needs in accordance with their support plans. Staff had received intense interaction training to support one person, which was also attended by their family to ensure it was as personalised as possible. The registered manager had recently reviewed people's care plans and identified areas to be improved, which had been subject to action plans with specified timescales.

Staff responded immediately to the needs of people throughout our inspection. We observed staff were able to interpret communication methods and behaviours to respond to people who were not able to verbalise their needs. One relative told us, "Staff understand (their family member) and quickly provide support to help him when it is needed."

People's needs were assessed before they moved in to the home and re-assessed at regular intervals. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and their representatives, where appropriate.

People, relatives and care managers said they were involved in regular meetings with the manager and senior care staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. People's needs tended to change frequently and plans were reviewed whenever a change was required. The management team and activity coordinator met weekly to review people's needs, where any concerns or changes were recorded and addressed to the registered manager. Support plans contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This

ensured people experienced care that was consistent but flexible to meet their changing needs.

The registered manager sought advice and support from health professionals and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner.

Each person had a 'Living the Life' support plan to set their own goals and learning objectives and recorded how they wanted to be supported. These plans had not been fully completed for all people but were a priority identified by the registered manager. The registered manager told us these were 'live documents' which were built on a step by step basis as staff gained more knowledge about the person being supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

On each day of our inspection we spoke with members of the community learning disability team (CLDT) who were supporting staff to develop a person's confidence to access the community. Professionals from the CLDT made positive comments about the commitment of staff to support this individual to promote and respect their choices and independence, while preventing them becoming socially isolated. People were supported to remain in contact with their family and other people important to them by using social media and internet facilities.

Staff talked knowledgably about the people they supported and took account of their changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed two handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. Staff had identified people's individual needs and interests and arranged activities to meet them.

People were encouraged to take part in other activities of their choice outside the home such as swimming, fishing, attending a local allotment and visiting local shops, pubs, clubs and restaurants. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible.

The home's activities coordinator (AC) reviewed people's schedules weekly with the person and staff the person chose, to identify other interests they may wish to pursue. All of the provider's AC's met monthly to discuss innovative ideas and identify new opportunities they had discovered for their individual services. There was a trampoline in the garden which was a focal point for people. The registered manager demonstrated their plans to enhance the garden further with additional sensory equipment which had been ordered.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others which had been linked to people's positive behaviour support plans. We observed positive behaviour management and sensitive interventions throughout our inspection, in accordance with people's personalised positive behaviour support plans which ensured people were treated with respect and dignity and their human rights were protected.

Each person had a communication plan. This provided staff with information about how people

communicated and their level of understanding. One person's communication plan stated what signs they used to communicate different messages. We observed staff communicating effectively during our inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since the provider began to provide a service at the home in August 2015 there had been three formal complaints about the home. All of these complaints had been managed in accordance with the provider's policy to the satisfaction of the complainant. Where required the registered manager had made improvements to the service such as providing temperature control in one person's room who did not like being too hot and implementing the provider's smoking policy.

Staff knew the provider's complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The registered manager spoke with relatives whenever they visited the home to find out if they had any concerns or whether there were any improvements required. The registered manager and staff were responsive to people's concerns and complaints.
People and relatives were also able to raise issues in their quarterly service reviews with the registered manager. One relative told us they had raised a concern to the registered manager who had responded promptly and taken steps to address the issues raised. The registered manager had apologised and informed the family of the action taken and ascertained whether they were happy with the outcome. Necessary learning from these concerns was implemented to prevent the risk of a recurrence and to improve the service.

The registered manager and provider sought feedback in various ways, including provider surveys, house meetings, and staff meetings. The provider had created a page on their website which encouraged people to provide feedback and had appointed an area director responsible for driving improvements based on analysis information provided.

Good

Is the service well-led?

Our findings

The provider's vision is to provide outstanding residential services for people with learning disabilities, autism and complex mental health diagnoses. The registered manager told us they were committed to delivering exceptional outcomes, giving people the opportunity to lead a full and active lifestyle within their local communities and to continue with life-long learning and personal development.

Staff we spoke with told us the provider had five principal values, which were; to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. Staff were able to explain what these values meant to them and how they applied them while supporting people. One staff member told us, "You have to have passion and really care for the people living here. If you have that everything else is easy and falls into place."

Staff told us that the provider's values were reinforced by training staff and managers at every opportunity. The registered manager told us they encouraged staff to reflect about how they performed in relation to these values, which staff confirmed. During the inspection we observed all staff demonstrating these values while supporting people in their day to day care.

The registered manager and other senior staff were very supportive of people and staff who lived in the home. Staff told us the registered manager was a source of inspiration to them and made them feel their opinions were valued. One staff member said, "I love working here because you really are part of the team. The manager and deputies want everybody to contribute." Another staff member told us, "Compared to others I am really inexperienced but I am still encouraged and made to feel that my opinion really matters".

People and staff told us told us they were fully supported by the registered manager whenever they raised concerns. We spoke with two members of staff who had raised sensitive issues with the registered manager. They told us they had been well supported by the registered manager who dealt with the issues promptly, in a discreet and tactful manner. During our inspection we observed the management team deal compassionately with a member of staff who had recently experienced a bereavement and had become emotionally distressed.

People and relatives told us the provider and staff were always approachable. Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. We observed the management team providing one to one support for people regularly during the inspection. The registered manager told us the management team worked rostered shifts alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. The registered manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had created a transparent culture within the home, where people and staff felt safe and confident to express their views. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

During our inspection we observed the deputy managers engage with staff and positively manage them, for example; the senior staff listened intently whilst staff delivered shift handovers talking about people's moods and behaviours, then provided clear guidance about how to support individuals. Staff told us that the management team were flexible and their level of their support was increased during challenging periods. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff.

The registered manager listened to the views of people, their representatives and staff during weekly senior staff meetings, monthly staff meetings, and quarterly review meetings, which had been recorded. The registered manager sought feedback from relatives and visitors when they visited the home which they responded to, for example; one person had air conditioning fans installed whilst problems with underground heating in their annexe building were investigated. The registered manager showed us documentation which demonstrated the provider was in the process of organising the home's annual survey of people who use the service and staff at the time of our inspection.

Staff meetings were held every month and staff supervisions were completed every eight weeks. We noted that discussion points were recorded and where required actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager was continuously seeking their views and opinions to improve the quality of care people received. One staff member said, "They (the registered manager) tell you they don't have all the answers but are confident that 'we' do with all our different experience will. They inspire us to work as a team and not to be frightened to make suggestions or discuss our ideas."

Where concerns had been raised in reviews the registered manager and management team held meetings to discuss the issues raised and how the service could improve. All staff were encouraged to contribute in these meetings, minutes of which had been recorded. Action plans were then created to address improvements, which had been implemented, for example; staff had identified that one person's behaviour appeared to change when they were due to take their medicines. This led to certain triggers being identified and their positive behaviour management plan being reviewed. This demonstrated the management team believed in openness and a willingness to listen to suggestions to improve the service and quality of care provided.

New staff told us the registered manager and deputy manager completed daily and weekly support meetings with them. Two of these were formally recorded as part of their induction programme. A deputy manager told us these meeting provided an opportunity to assess the quality of the service with a 'fresh' pair of eyes, while ensuring new staff had received the appropriate training and preparation for working with people in the home.

The provider had embraced 'The Drive Up Quality Code' which seeks to drive up the quality in services for people with learning disabilities, that goes beyond minimum standards. Staff were able to explain the main principles of the Code which were similar to the provider's values.

The quality of care people received was assessed, monitored and improved by the provider. During December 2015 and January 2016 the registered manager had engaged with the local safeguarding authority in an open and transparent manner. We noted they had adopted the advice and guidance provided and had implemented their required action plans. This had led to the home becoming a more settled and safer environment for people to live in.

There was an established system including day to day, weekly and monthly monitoring to effectively ensure

the quality of care and people's positive lifestyles were maintained and improved. Examples included medicine administration audits, health and safety audits, fire safety audits and infection control audits.

The registered manager was supported by the provider's area director who also assessed and monitored their performance. The registered manager demonstrated they were driving continuous improvements in the quality of service provided to people at Compton House in their weekly reports to the area director. The area director conducted regular checks on staff performance and service quality through unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained.

Accidents and incidents were logged and reviewed by the provider as well as the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

Any relevant new developments in social care were fed back to people, their representatives and staff by means of the meetings hosted by the registered manager. The registered manager understood their 'duty of candour' responsibilities and the provider's policy and procedures in relation to this. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed an incident where the registered manager had apologised to people and their relatives, in accordance with the 'duty of candour.'

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.