

Blue Sunrise Care Limited

# Compton View Residential Care Home

## 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

We undertook an inspection of Compton View Residential Care Home on 30 and 31 May 2018 it was unannounced for the first day and announced for the second day. This was the first inspection since the home was purchased by new owners in March 2017. The registered manager is also one of the owners of the home.

Compton View Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is an adapted building with separate lounge and dining area with conservatory and gardens. The home is over two floors with lift access to the first floor, some rooms on the ground floor have direct access to the garden and patio areas.

Compton View provides care for up to a maximum 18 people. At the time of our inspection, 15 people were living at the service.

Improvements were needed in some areas of medicines management and administering specifically around records. However, since the inspection the areas we identified for improvement had been addressed.

At the time of our inspection there were no quality assurance audits looking at areas such as medicines, care planning and the environment. Since the inspection the registered manager and provider an improvement plan had been completed for this quality assurance monitoring to take place.

People spoke of how they felt safe living in the home. They were very positive about the staffing of the home and the skills and understanding staff had of their care needs. One person told us, "I feel safe living here and know the staff are around when I need them." Another person spoke of staff and "They all know what to do, I feel confident they are well trained as far as I can see."

Staff were confident about raising any concerns about the safety and welfare of people and action being taken to address their concerns.

Staffing of the home had improved over the past year with increased staffing in the mornings and at night. People said how there were always staff around and very responsive when they required support and assistance. One person told us, "I ring my bell and it is not long before they come and see what I need, couldn't ask for more."

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as community nurses and dieticians. One person told us, "They looked after me really well when I was not well." A relative told us, "They are working well with the GP to improve their wellbeing."

There were regular activities and people said how much activities had improved with the new registered manager and owner. One person said, "There is a lot going on from musicians to craft, I like the choices." Another person said, "There's plenty to do if you want." A relative told us, "The activities are very innovative for instance at Easter they had an incubator and hatched eggs."

Staff were very positive about the culture of the home being one of openness and listening to people and staff. People spoke of an approachable manager, "Always around to talk about anything you want, very approachable."

The provider and registered manager were actively promoting a culture where people could be confident of receiving quality care which met their needs. They recognised the importance of having skilled and trained staff in providing consistent care to people living in the home.

The service had received a number of positive comments in response to sending a questionnaire to people and visitors in the home. Comments received included the following:

"The care provided at Compton View is geared entirely to the welfare, comfort and health of the residents. All the staff are very friendly but still extremely professional. Residents are part of a little community but have as much privacy and personal space as they want."

"I am thoroughly impressed by the wonderful atmosphere that exists at Compton View. It is evident this is achieved through the painstaking care provided by staff. If I needed residential care then this is where I would like to reside."

## 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 not consistently safe

People would benefit from improvement in the management and administering of some medicines.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefitted from staff who understood their responsibility to report any concerns about possible abuse.

### Is the service effective?

Good ●

The service was effective.

People had the opportunity to have relaxing and social mealtime and having their dietary needs met.

People benefitted from being supported by competent and trained staff.

People had a comprehensive assessment of their health and social care needs.

### Is the service caring?

Good ●

The service was caring

People benefited from caring staff who treated people with respect and respected their dignity.

People were able to make choices about their daily lives and these choices were respected.

People were supported by staff who were kind and compassionate.

### Is the service responsive?

Good ●

The service was responsive

People received individualised care and support that met their needs and preferences.

People had access to a range of organised activities and social stimulation.

People had their complaints and concerns listened to and addressed.

### **Is the service well-led?**

The service was well led.

Improvements had been made in ensuring people benefited from a service which had systems in place to identify shortfalls and monitor the quality of care.

People benefitted from a registered manager who put people at the centre of the service and was committed to on-going improvements.

People lived in a home where the management team were visible and approachable.

**Good** ●

# Compton View Residential Care Home

## **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.

This inspection took place on 30 May 2018 and 31 May 2018 and was unannounced on the first day and announced on the second day.

This inspection was carried out by one inspector and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 11 people who used the service, three people's relatives. We also spoke with six members of staff and the registered manager who was present throughout the inspection period.

During the inspection, we looked at four people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audits.

# Is the service safe?

## Our findings

People told us they felt safe. Comments we received from people included: "I am safe and sound here, the staff are always around and check up on me," "I am safe in the home, the girls keep me that way," "I am safe here day and night, I used to have a lot of falls, not anymore, whenever I walk around the staff walk beside me to keep me safe." A relative told us, "I never have to worry about my relative here, they are safe and sound, such a relief." and another relative said, "This place is wonderful. They put safety at the top of the agenda here."

Staff demonstrated an understanding of how to identify possible abuse. They were able to give some examples: unexplained bruising, change in behaviour and mood. One staff member told us, "I would definitely go to the manager if I had any worries about somebody and I know they would report it." Staff knew they could go outside the organisation and report concerns if they wished and this was their right i.e. whistleblowing. One staff member said, "I know I could go to the police if I wanted." This meant staff had an understanding of their role and responsibilities in protecting vulnerable people.

The provider had systems and processes, which helped to protect people against the risks of abuse. There was a robust recruitment process which meant that all staff were thoroughly checked. This included criminal record check to make sure they were suitable to work with people who lived at the home.

There were satisfactory arrangements for staffing the home. One person said, "There are plenty of staff here to meet all my requirements, always the same people, never any strangers." Another person said, "Plenty of people here to look after me and everyone else." A relative told us, "There are plenty of staff here, they care for everyone, like a big family really." Staff told us the staffing arrangements had improved particularly in the mornings. One staff member said, "Staffing has improved and we work better as a team." Staff responded promptly to requests for support and staff were available and visible to people. They prompted and offered their help to some people who needed support or assistance with a task such as using the toilet.

One person received pain patches there was no record of where these patches had been placed on the person. Where people were prescribed topical creams these were recorded when applied. However, there were some gaps in this recording. Handwritten notes had been made on the administering records about changes to people's medicines. These had not been signed to indicate who had issued these instructions. This meant there were risks people were administered incorrect medicines or failed to receive the prescribed medicine. Since our inspection improvements had been made in these areas of medicines management.

There were safe arrangements for the storage of medicines and stock. Administering records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of the fridge.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. This included emergency individual plans in the event of a fire. This meant risks to people's health and welfare

were wherever possible identified and alleviated.

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. They told us how where people had infections which could present risk to others "barrier" nursing took place. This is where the person remains in their room during period when risk of cross infection is highest. Potentially infected items are dealt with in the person's room with specific disposal methods to prevent risk of contamination. There were systems in place to ensure cleaning of all areas of the home took place. This meant people's health and welfare were protected as far as possible from the risk of infections.

The manager analysed all accidents and incidents to look at where lessons could be learned and improvements made to people's care. Records demonstrated where action was required to reduce the likelihood of an incident occurring, the manager had taken appropriate action. It had been noted there had been a number of falls occurring at night. To try and alleviate these falls staffing had been increased for night time period.



## Is the service effective?

### Our findings

Before admission to the home a pre-admission assessment is undertaken. A relative told us, "Before (name) came here to live we had an assessment and I was able to talk about the care (name) needed." Once admitted to the home a care plan was put in place identifying specific needs around areas such as personal care, moving and mental health. One person told us, "I am involved in saying what I want doing every step of the way." Care was provided with the support of professionals such as dietician and community nurse where this was identified as a need to ensure care was provided in an effective way.

Where people had specific care needs because of a disability, cultural, spiritual or other area related to the individual, and to ensure no discrimination takes places, these areas were addressed in the person's care plan. Where people required equipment to support and maintain their independence this was available. Staff understood the need to recognise specific needs around a disability. One staff member told us they had looked at particular ways a person who had a visual impairment could read articles and documents better. They also said how they told the person the colour of clothes when they helped them chose what to wear.

People told us they enjoyed the meals provided in the home. One person said, "Food is really nice, plenty of it; sometimes you get a really good choice." another person said, "Food is really good, and tastes lovely." We noted there was no second choice for the main meal although there were choices for the desert. One person said, "It would be nice to have one more choice, one or the other." Another person told us they could always ask for something different. Since the inspection we have been told not having a second choice of main meal was not the "norm". A second choice is now in place every day.

There was a relaxed and unhurried atmosphere which helped to make the meal a sociable occasion. Staff were available to provide assistance where this was needed.

As part of maintaining a healthy diet specialist advice had been provided by a dietician and where concerns around weight people were provided with supplements if necessary. People had access to a range of health services including on request GP. One person told us, "If ever I feel unwell they will always call my doctor." Other services accessible to people included an optician, dentist and podiatrist.

People told us they had confidence in the ability and skills of care staff. One person said, "Everything is fine here, the staff know what they are doing and do it well, no complaints at all" and another person said, "Always seems to be plenty of staff around, they know exactly what needs to be done and how to do it." Staff told us how the opportunity for training had improved. One staff member said, "Training is much better and if you want to do something (name registered manager) will always consider it." Staff had completed core skills training in areas such as infection control, moving and handling, safeguarding vulnerable adults and health and safety. This meant people could be assured care was being provided by staff who had the necessary skills and knowledge to provide effective care.

Induction arrangements had improved with a period of two weeks providing an opportunity for new staff to

achieve a greater understanding and knowledge of how the home supported people. One staff member told us, "We were asked if we were comfortable being put on the rota and if we wanted more time shadowing another member of staff. The induction was good learnt a lot about the home and people who live here."

The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Senior staff and team leaders had undertaken further professional qualifications to provide them with the additional skills needed to fulfil their role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they were very involved in the planning of their care and gave consent for the care to be provided. Staff understood their responsibilities in making sure people gave consent to care and where able made decisions about how they lived their lives. One staff member told us, "This is their home and it is about their lives." Where people lacked capacity to make any decision these were then made under best interests arrangements. This was where professionals such as GPs are consulted with people's representative i.e. enduring power of attorney to make specific decisions.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff and the management knew what to do if a person was going to have their liberty deprived. There were no people living in the home who were subject to DoLS authorisation.

## Is the service caring?

### Our findings

People told us how caring and friendly the staff were. One person said, "The staff are really nice, they care for me and everyone else in a nice way." Another person said, "Everyone is so nice here, they care for me." A third person told us, "The staff are nice, kind and caring." A relative said, "The staff are so caring not only towards (name) but me as well."

Staff interacted in a warm and sensitive way. There was a real sense of positive relationships between staff and people with banter and relaxed conversation. Where people needed assistance perhaps with personal care i.e. using the toilet this was provided in quiet and sensitive way with respect for the person's dignity and wellbeing.

Staff spoke of how they respected people as individuals and as part of this respected people's privacy and rights. One staff member told us, "It is about making sure people do not feel embarrassed and are comfortable. When I help with personal care such as bathing. I always ask before doing anything "are you ok" or "is that alright." Staff knocked on people's doors before entering. One person said, "Staff are very good they always knock and wait for me to say come in." Another person told us how they spent a lot of time in their room if they wanted to and that was not a problem. They told us, "They really do respect what I want to do and if I want to stay in my room that is fine."

People told us there were no restrictions on relatives and friends visiting the home. One person told us, "My relatives can come at any time to see me." A relative said, "We are always made to feel welcome it is never a problem when we visit." A relative in their questionnaire response said, "There is always a cheery welcome to visitors that makes you feel part of the family."

People told us, "Staff know my routines and things I like to do for myself." Another person said, "I like to be as independent as possible and staff help me only when I ask or need it." Staff understood about encouraging independence. One staff member said, "We try and make sure people do as much as they can for themselves but we are there if needed." Another staff member told us about one person's routine. They said, "They will do so much for themselves and then we help with the rest, that's how they like it as well."

Care plans provided details of people's daily routine and life histories. This helped staff have a greater understanding of people living in the home as individuals. One staff member said, "I know all about (name) history and they love talking about their past." Another staff member said, "It is about knowing people helps us have a better relationship."

People had the opportunity where able to be part of reviewing their care arrangements. This did not always happen in a formal way. If a person was not able the home involved their representative. One person said, "I have sat with a staff member and discussed my care and how it was going." A relative said, "They will always ask me how it is going for my (relative) and we talk about the care being provided to them."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and preferences. People and those important to them were involved in decisions about their care and treatment. One person told us, "I read my care plan." and another person said, "I have spoken to staff about the care I need and that goes in my plan." A relative said, "We sit down together and discuss the care plan"

Each person had a care plan that detailed what they could do for themselves and the support they required from staff. The care plans gave clear information about the support people required to meet their needs and people's medical conditions. The care plans also included a life history and information about people's interests, which helped staff to understand the person and topics they could talk about. We saw people had signed their care plans where they were able to, which demonstrated their agreement. Regular reviews had been held to update the care plan ensuring they were up to date and accurately reflected people's care needs. A staff member said, "We always read the care plans they tell us exactly what help the person needs especially when things have changed."

Staff had an understanding of people as individuals and were able to tell us about specific care needs. One staff member told us about a person's personal care routine and how important this was for the person. They said, "It is so important we get it right for the person what they want." They told us how some people had "Strict" daily routines and their role in making sure these were respected. A relative spoke of how staff had responded to a person newly admitted to the home. They said, "They understood how (relative) are, makes all the difference. They have really blossomed since moving here."

People spoke of having the opportunity to take part in meaningful activities. One person told us, "Activities have really improved there is always one thing if not more to do every day." Another person said, "There are two to three times as many activities now they are something to look forward to." A third person said, "You don't get bored here." Activities ranged from yoga, chair exercise to bingo. The home had organised a garden party at which family and friends had been invited. Outside entertainers also visited the home. There were arrangements for people who had spiritual needs for those to be met either through attending a local church or having a service in the home.

People told us about how the home had arranged for a "Living eggs" where an incubator had been placed in the home and chicks had been hatched. Since then the home has kept a number of hens which "Is nice, something to take an interest in." one person told us.

People told us they had no worries or concerns about expressing their views or making a formal complaint. Weekly "Residents Forum" were held where people had raised any issues for discussion such as ideas for a sports day, support for a "Bring Your pet to work Day." Activities had been discussed with suggestions for day trips such as local pub for lunch and cream tea. People had been updated about any changes in the home such as the installation of new call bell system and new staff. One person told us, "The weekly meetings are good we can chat about anything and the manager and staff do listen to our ideas."

There had been no complaints made to the home. People spoke positively about their making a complaint if "It was necessary". One person said, "No complaints here at all, I know how I could complain if I wanted too, but I have nothing to complain about." and another person said, "Nothing to complain about here at all, but if I had I would see the manager."

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

There were end of life care plans in place. This provided an opportunity for people to discuss and set out how they wished to be cared for at the end of their life.

## Is the service well-led?

### Our findings

We noted there was a lack of a formal quality assurance system to identify areas for improvement. Since our inspection the registered manager and owner had put in place an improvement plan. This included a programme of regular audits: infection control, environment and care plans. Medicines quality assurance audits were in place six monthly. However, since the inspection this has been increased to monthly. This meant the service had acted promptly and had been responsive in addressing shortfalls.

An independent health and safety advisory audit had been undertaken which had identified areas for improvement. These had been acted upon by the provider and included a general environment risk assessment and risk assessments for potentially harmful chemicals used in the home.

Changes had been made to the management structure of the home to improve communication and promote a more professional and consistent approach to the care being provided. There was now a clear line of responsibilities from registered manager, team leaders and seniors. Staff spoke positively about the team culture and about working at the home. Staff described the morale as "Very good."

People and staff spoke positively of the new owners of the home and the improvements which had occurred since their ownership. One person said, "Things have really improved with more staff around, more activities, there is just a better atmosphere." Another person said, "It is much better more like a home and you get to see the manager more than we did before." Staff re-iterated these comments saying how the registered manager was approachable and involved in the life of the home. One staff member told us, "They (new owners) want to give the best care we can give." A relative told us, "The manager, is really approachable and very good at leading the team, you can see her anytime." Another relative told us, "The manager is wonderful, so welcoming when you come into the home, she is approachable, her door is always open, they are quite new, she has some wonderful ideas."

The registered manager and owner told us their priority was to continue making improvements to create a home where people were well cared for, happy with the care provided and enjoying life. They had attended a local provider's meeting and hoped to establish stronger links and network with local homes.

People and their representative had had the opportunity to comment on the quality of the care being provided. This had resulted in positive feedback from people and their representatives. Comments received: "Everything is a much like home as possible including the attitude of staff," "I think it is as good as being at home," "Overall, a lovely atmosphere. We as a family are very grateful for all you do."

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.