Care Quality Commission

Caring Homes Healthcare Group Limited

Home of Compassion

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 inspection took place on 23 February and 2 March 2017. The visit on 23 February was unannounced.

The Home of Compassion is a care home providing nursing and residential care for up to 78 people, some of whom are living with dementia. At the time of our inspection there were 38 people living at the service.

There was a registered manager in post. 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 registered manager had not notified CQC about some significant events. We spoke to the registered manager and the provider's representative about this, and was assured this would not happen again.

We found a recording issue in relation to someone's wishes following an accident they had been involved in. The manager accepted this was an issue and planned to contact the provider to have a prompt put on the organisations accident/incident form, so this did not happen again.

People told us that they felt safe and staff had a good understanding of how to keep people safe. Care records contained up to date risk assessments to keep people safe whilst encouraging independence. Accidents and incidents were documented with actions taken to prevent a reoccurrence.

There were sufficient staff to meet people's needs. Staff were able to spend time with people, and attended quickly whenever anyone requested support. Nurses were available at all times. The service followed safe recruitment practices.

People's medicines were managed and administered safely.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff had received induction training which included completing the Care Certificate and shadowing more experienced staff. Staff had received refresher training to help ensure they remained up to date with best practice and able to meet the expectations and needs of people. All staff received dementia training.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). People had mental capacity assessments carried out when needed and best interest decisions were recorded. Staff were able to explain what the MCA is and when it applied.

The staff met people's dietary needs and preferences. Staff were able to explain how they would ensure that people had enough to eat and drink; and how they would recognise when someone was not eating or drinking enough. People's records contained information on what foods they liked, and their dietary requirements.

Staff were caring and treated people with dignity and respect. Staff knew people well. They were knowledgeable about people's needs and backgrounds. Records contained very detailed life stories that staff had helped people to write.

People were encouraged to be independent and were involved in the running of their home.

Care plans were clear on what people needed support with, were detailed and contained information on people's lifestyles and preferences. These were reviewed regularly.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. These took place seven days a week. In addition to group activities people were able to maintain hobbies and interests.

People knew how to complain and if they complained their complaints were addressed.

People thought the home was well managed. Audits were frequent and thorough and had been used to learn and improve.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. Staff told us they were supported by the registered manager.

The registered manager had built strong links with the local community. Members of the public could join in the home's activities and also use the facilities of the home which reduced the risk of people becoming socially isolated.

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 told us that they felt safe.

Staff had a good understanding of how to keep people safe.

Care records contained up to date risk assessments.

There were sufficient staff to meet people's needs

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff had received induction training and refresher training.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA).

The staff met people's dietary needs and preferences.

Is the service caring?

Good

The service was caring.

Staff were caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and were involved in the running of their home

Is the service responsive?

Good

The service was responsive.

Care plans were clear on what people needed support with, were detailed and contained information on people's lifestyles and preferences.

Care plans were reviewed regularly.

People had a range of activities they could be involved in.

People knew how to complain and if they complained their complaints were addressed.

Is the service well-led?

Good

The service was well led

The registered manager had not notified CQC about some significant events.

Audits were frequent and thorough.

Staff were involved in the running of the home.

Staff were supported by the registered manager

The registered manager had built strong links with the local community.

CareQuality Commission

Home of Compassion

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 23 February 2017 and 2 March 2017 the first day was unannounced and we informed the registered manager we would continue the inspection on the second day. The inspection team consisted of two inspectors, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of our inspection we spoke with nine people, fourteen staff, the deputy manager, the regional manager and the senior operations director. We also reviewed a variety of documents which included the care plans for five people, staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

This was the first inspection of this service since its registration with CQC.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Staff are very vigilant. If anyone has a problem they are there." Another person said, "Yes I feel safe, it is such a huge building with plenty of people around," and a third said, "It's much safer than living on my own."

Staff had a good understanding of how to keep people safe. One staff member said, "If I notice bad practice, I report it. If need be I will phone the police." Another staff member said, "I have done safeguarding training. If I suspected abuse or I saw something not being done the way it should be, I would go to the nurse in charge and report it. If I didn't get a result I would go to the manager." A third staff member said, "I would recognise someone was being abused by unexplained bruising, a change in their mood, loss of appetite and changes in physical and mental well-being. I would report it to my manager. If they didn't report it to the local authority I would report it myself." Staff were able to list the different types of abuse and knew who to report suspected or actual abuse to. Safeguarding folders were available on each floor of the home which included alert forms, the local authority's safeguarding policy, the whistleblowing policy and contact details for alerts to be made.

Care records contained up to date risk assessments to keep people safe whilst encouraging independence. People underwent assessments before being admitted and these identified presenting risks. One person enjoyed going outside to read their newspaper. They were living with dementia and were at risk of forgetting how to get back to their room. Staff supported the person to go into the gardens, staff or relatives accompanied them when they went out and provided assistance when they wished to get back to their room. We observed staff supporting this person to go out on the day of our inspection. Another person living with dementia regularly placed themselves on the floor when they became anxious or agitated. This meant it became difficult for staff to support them to get up safely. Staff monitored the person's mood and when they needed support, staff attended to them quickly. This prevented them becoming anxious. Staff also diverted the person's attention when they were becoming anxious. We observed staff supporting this person on the day of our inspection. Staff supported the person quickly and spent time engaging in conversation and activities with the person.

Accidents and incidents were documented along with the actions taken to prevent a reoccurrence. Records contained an analysis sheet for each month which recorded how many incidents there had been, the outcome and actions taken. Staff recorded where they identified patterns. One person had a series of falls over two months. After each fall, risk assessments were reviewed and measures were in place to minimise harm. These included lowering the person's bed and putting a crash mat on the floor. The person was referred to the local falls team and underwent medical investigations. The person's incidents of falls decreased in the following months. Another person was found on the floor of their room. Staff noted they were experiencing some pain so they were taken to hospital. A fracture was identified. The person's risk assessments were updated and staff checked them more regularly following their return home

There were sufficient staff to meet people's needs. One person said, "There are always people (staff) around." A second person said, "This place is excellent, there is help available whenever you need it, always

someone available," and a third person said, "Whatever help is needed it is available." Staff told us there were sufficient staff at all times. The manager told us that staffing had been reviewed recently and that the size of the building was taken into account as well as the needs of people. On the day of the inspection there were 13 care and nursing staff on duty as well as hospitality staff, two activity staff, a hairdresser, ancillary staff, kitchen staff, administrative staff and managers. Staff were able to spend time with people, and attended quickly (in less than a minute) whenever anyone requested support. Nurses were available at all times.

The provider followed safe recruitment practices. Staff files included application forms, records of interviews and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

People's medicines were managed and administered safely. Where people required support with medicines, this was provided. There was one person who self-administered their medicines. A risk assessment had been completed to ensure that it was safe for them to administer their own medication. This was reviewed every three weeks. All staff who administered medicines had received training and were able to explain the effects of named medicines and their side effects. The local pharmacy provided the competency framework for staff and carried out regular audits.

The home had an emergency fire proof box which included a contingency plan should the home become unsafe to use. This box also contained torches, staff details, relatives' details, medicines charts and people's Personal Emergency Evacuation Plans (PEEPs). These gave staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said, "They are the best I could hope for." A second said, "They (the staff) are very nice people and there are some who have been here a long time."

Staff had received induction training which included completing the Care Certificate and shadowing more experienced staff. The Care Certificate is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely. A staff member said, "It's the best induction I have ever had. I had a week to do e-learning and I have done two external courses; safeguarding and first aid."

Staff received refresher training to ensure they remained up to date with best practice and met the expectations and needs of people. The trainer said "We tell staff they have to deliver the care that is expected. When training staff we explore the expectations of people who live here." Moving and handling training was provided by staff who had been trained to provide this. One of the trainers said, "I work on the floor teaching people how to move and handle. It builds staff's confidence and I can monitor what is delivered." Another staff member said, "All my training is up to date. Recently I have done a course to teach people how to move and handle people. It was brilliant." There was a quarterly training programme of face to face training and e-learning available. This included the Mental Capacity Act 2005 (MCA), emergency first aid, health and safety, food hygiene, diabetes, recording and documentation, end of life care, nutrition and hydration, and infection control. Where staff were not able to complete e-learning on their own they were provided with a buddy.

All staff received dementia training to enable them to meet the needs of people living with dementia. Staff completed a 'Living in My World' course which was accredited by City and Guilds. Nurses received training in wound care, pressure area care, continence, and verification of death.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. One staff member said, "They ask about which part of the job I enjoy, look at what I could do better, look at opportunities. I get six a year." Another staff member said, "I talk about anything in my mind and my heart, if I have any concerns. We also talk about training updates." Records showed staff met with their supervisors every two months, or more often where issues arose. One staff member had raised concerns about one person at a recent supervision. The person was able to make their own decisions and had refused some health interventions. They discussed the Mental Capacity Act and how this related to the person. This demonstrated that supervision was used to support staff learning and to reinforce how mandatory training applied to their day to day work.

Staff worked in accordance with the MCA. The 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. We checked whether staff were working within the principles of the MCA,

and whether any conditions on authorisations to deprive a person of their liberty were being met. "One person said, "Staff always ask for my approval and involve me in decisions." A second person said, "They always involve me, they never do anything without asking," and a third person said, "They (the staff) involve me in all decisions. They ask my opinion and explain all options." People had mental capacity assessments carried out and best interest decisions were recorded. Staff were able to explain what the MCA was and when it applied. One staff member said, "You should always assume people have capacity. Someone might make a decision that sounds unwise, but it's still a decision. If you assess that they don't have capacity you have to work in their best interests in the least restrictive way possible." A second staff member said, "If someone has capacity they can make the decision themselves. My job is to give information so they can make an informed decision."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The provider kept a record of all DoLS applications. One person had moved from another home and had an authorised DoLS. When the person moved to the home a mental capacity assessment and best interest decisions review was documented before making an application to the DoLS team. Where relatives held Lasting power of Attorney this was in people's records.

The staff met people's dietary needs and preferences. One person said, "There are three good courses for lunch. It is good food, well prepared." A second person said, "It's excellent," and a third person said, "Generally speaking it is very good. In the book it says we can have anything we want for breakfast, so I have full English every morning." Staff were able to explain how they would ensure that people had enough to eat and drink and how they would recognise when someone was not eating or drinking enough. People's records contained information on what foods they liked and their dietary requirements. One person was working with staff to reduce their weight following guidance from healthcare professionals. Staff supported them to eat balanced meals and weighed the person regularly. Records showed that the person's weight was reducing. Other care records contained input from the Speech and Language Therapy Team (SaLT) where somebody was having difficulties swallowing. They were served pureed food in line with the SaLT's guidance. Pureed food served to people looked very appetising and kitchen staff told us this was something they had introduced in response to people's feedback. The kitchen had a sheet that stated people's allergies, likes, dislikes and dietary needs. Kitchen staff knew people's preferences. For example, they were aware one person did not like eating eggs and another had a shellfish allergy. If someone was losing weight the head chef met with the person to discuss their likes and dislikes. The menu was varied with ample to choose from and there was flexibility for people to have meals/snacks at any time. A choice of drinks was available at all times. There was a choice of three dining rooms and a brassiere.

People had opportunities to give their feedback on the food. Comment books in dining areas were well used. The hospitality manager met with people who left comments, and fed back to the kitchen where people identified improvements or gave praise.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person said, "I saw the Doctor yesterday. They come in every week." A second said, "They (staff) would call them, they come in once a week as a routine," and a third said, "I have had an eye test. The chiropodist comes in." One person who was living with diabetes had a care plan that stated staff should monitor their blood sugar readings and feedback to healthcare professionals where things had changed. The person's blood sugar readings had increased and staff had arranged for a diabetic nurse to visit. Staff were supporting the person to go out more regularly for exercise in order to help their sugar levels improve. The staff were supported to provide palliative care by a local hospice.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They (the staff) are all very caring. Before I came here I kept falling. I was covered in cuts and bruises. I haven't fallen once since I came here. They are kind and considerate, happy and good company." A second person said, "They (the staff) are very caring, attentive. They listen to the residents," and a third person said, "They are excellent, friendly, caring, happy staff."

A staff member said, "I go around and ask how people are, and how was their morning. I will make sure people who live here enjoy living here. I like to build rapport with people. It's important." Another staff member said, "I try to put myself in the person's position and think what if it was me. I talk to the residents a lot. It's easier if you talk to people. When providing personal care, talking makes it more comfortable for people." A third staff member said, "Staff are warm, friendly and caring. You can feel it as a new member of staff." Interactions between people and staff were all full of kindness and compassion. One person living with dementia became confused and agitated whilst being supported. Staff engaged with them calmly and warmly, talking to them about an activity they were doing and the person's mood improved. Another person had just been out for a walk in the garden and the maintenance worker was chatting to them about their walk.

Staff treated people with dignity and respect. One person said, "There are no raised voices. The doors are kept closed when giving personal care." A second person said, "This is very much my space, home. They are very respectful and good when I have my shower," and a third person said, "They (the staff) will always knock and wait to be asked in to my room." People were offered the option to have male or female carers only, and were always asked what their preferred option was, so that their privacy and dignity was maintained. People were able to be called by their preferred name. Some people had chosen to be called Mr or Mrs. We heard staff respecting this.

Staff knew people well. They were knowledgeable about people's needs and backgrounds. Records contained very detailed life stories that staff read and helped people to write. This enabled them to learn about people's past jobs, places and family histories. People had memory boxes outside their rooms with pictures, trinkets and ornaments that they had chosen to reflect their lifestyle and personality.

People were encouraged to be independent. One person said, "I do as much as I can without them (the staff) assisting, but they will help if asked." A second person said, "I do most things for myself, occasionally I need their (staff's) support," and a third person said, "I don't need much support and am quite independent." Care records contained information on people's strengths and what they could do for themselves. One person was able to dress themselves. Their records stated, 'I am able to wash and dress myself. I still require some supervision.' Observations on the day showed people were able to be independent as they used communal areas and facilities independently.

People were involved in the running of their home. Regular meetings happened where people could contribute. A recent meeting had introduced a 'Resident's Council'. This was a group of people who could be involved in decisions about the home and could represent the views of all people. At another meeting,

people had said they enjoyed the more physical activities, and they wanted more of these. Staff added these to the activity timetable. The meeting in September had been held to discuss the winter menu, and at the request of people portion sizes on the supper menu. These had been changed.

Information packs were available in everyone's room which included information on the services provided in the home, how to access the Wi-Fi, local interest points such as pubs and restaurants, transport and the complaints procedure.

There were a number of compliments, seven in the folder. Where people had passed away, relatives had written heartfelt messages of thanks to staff. One relative wrote that the person who lived there had called the home, 'a little bit of heaven'.

Good

Is the service responsive?

Our findings

Care plans were detailed and contained information on people's lifestyles and preferences. People had completed 'Individual Preferences Questionnaires'. These detailed everything about the person's routine and what they liked and disliked. One person liked to go to bed at 10pm and their daily notes demonstrated that staff supported them to bed at this time. Care plans were clear on what people needed support with. Another person was able to wash themselves but required prompting and guidance from staff. Staff ensured water was the correct temperature and made sure the person had the toiletries that they needed. This information was in their care plan and staff demonstrated a good understanding of this person's needs and ability when speaking about them.

People's needs were reviewed regularly. A 'Resident of the Day' system was in place and all records seen showed reviews were at least monthly. At one person's review staff had identified that they needed to see an optician. Staff actioned this following the review. Reviews were holistic and covered all aspects of somebody's care. Where needs changed suddenly, responsive reviews were undertaken. One person had suffered a fall and as a result their care plan had been updated to include more supervision from staff.

Assessments covered people's needs and captured important person centred information. They covered people's health needs as well as their social background. One person's assessment went into detail with their home situation before and how developing dementia had prevented them from living safely at home.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. These took place seven days a week. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. One person said, "I enjoy the choirs and talks by interesting people. There are plenty of things going on." A second person said, "There are several group activities - exercises, singing, reading groups. I do go along to some," and a third person said, "I do get involved in some. Its ok, I like the light exercises, quite happy with the range." There were many activities planned for people which included bridge, dancing, poetry, baking, gardening, cocktail making, woodwork, and themed events. People living in the village were able to join in the activities free of charge. On the day of the inspection there was a flower arranging session held in one of the activity rooms, this was well attended and there was enthusiastic participation. The flower arrangements were placed in people's dining rooms in a place of their choice. One person being nursed in bed had someone doing painting with them in their room. The home had a salon which was open three days a week which provided hairdressing and manicures. There were two activity rooms and a cinema room with two weekly showings.

People's spiritual needs were being met. One person said, "They (staff) take us to church." Vicars from the local churches regularly visited people in the home and a monthly service took place.

People knew how to complain. One person said, "The deputy manager is often around. I would probably speak to her." A second person said, "I would go and see the management, "and a third person said, "I would raise it (a complaint) but have had no need so far." Complaints were documented and responded to,

with any necessary action being taken by the provider. There were five complaints in the file, all of them had copies of responses sent in which they had been addressed. One person had complained of the internet not working in their room. The provider arranged for IT engineers to come and improve the person's internet access. Another complaint from a neighbour about an aesthetic problem with the outside of the building was addressed by the provider, with building work arranged.

Good

Is the service well-led?

Our findings

People thought the home was well managed. One person said, "When you ask for something, it gets done." A second person said, "They (the registered manager) do a very good job. They are often around and available."

The registered manager had not notified CQC about some significant events. These included someone sustaining a fracture following a fall and someone leaving the home without staff support. Significant events should be reported so we can monitor the service and to ensure they responded appropriately to keep people safe. We spoke to the registered manager and the provider's representative about this, and were assured that action would be taken to ensure that any reportable future events would be notified to CQC.

We also found a recording issue in relation to someone's wishes following an accident they had been involved in. The manager accepted this was an issue and planned to contact the provider to have a prompt put on the provider's complaint form, so this did not happen again.

Audits were frequent and thorough. These included kitchen audits, housekeeping audits, infection control audits, social life audits, meal time audits and general provider audits. All audits happened at least monthly. The registered manager had carried out three general audits this month. In these, they had identified actions and these had been taken. For example, on one audit a staff member did not have a name badge on. This was recorded and addressed with the staff member. A social life audit involved speaking to people about what they liked to do. As a result of this, one person had expressed an interest in Tai Chi and had arranged to attend a session happening at the home.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. At a recent meeting, staff had noted that healthcare professionals had problems getting into the home at night when the entrance was locked. Staff ensured the diary was up to date and staff were available for future evening appointments.

Staff said they were supported by the registered manager. One staff member said, "I love this job and I'm very happy here." A second staff member said, "I moved to this home because of the manager." A third said,"[Registered manager] comes on the floor and gives us support. I have enjoyed working with her. They have sponsored me to do a foundation degree in nursing. They have really supported me to do this. It's a wonderful place. I'm very happy to continue working here," and another said, "I'm really, really happy because of the manager. I became a senior worker when I came here. I was proud when she gave me my badge. I am doing training, I can voice my opinion and I feel valued. I'm not only a carer but part of a home." The registered manager told us about arranging a management and leadership course for another staff member. The registered manager also told us that staff were encouraged to be vocal and that they were planning on having regular breakfast and supper meetings for staff. New staff working in the home were offered assistance with accommodation in the home and two houses in the local community.

The registered manager told us they were supported by the provider. They said, "The founder knows

everyone. I can ask them for anything. They are good at supporting us. If I give a business case I will get it. She comes often. The provider comes often. There is always someone to help."

The registered manager had a business plan for the home which covered staff recruitment, staff retention, training, the culture of the home, pre-admission assessments, recruitment of volunteers, activities, food services, management succession, and having a palliative unit. The registered manager also had plans to introduce an electronic care planning system.

The registered manager had built strong links with the local community. Members of the public could join in the home's activities and also use the facilities of the home. A local knitting and crochet circle were meeting in the home which people could join in. The local hairdressing salon had recently closed and the home were offering access to theirs. A local young theatre group were doing a dress rehearsal and five performances for people and the local community, and students from a local college were doing musical performances. These activities mean that people living in the home can socialise with, and also be entertained by members of the local community which reduces isolation.

The registered manager networked with other managers of local care and nursing homes. This was for learning purposes.