

Modus Care Limited

# The Tobias Centre

## Inspection report

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Date of inspection visit:

14 July 2022

19 July 2022

Date of publication:

17 August 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Tobias Centre is a residential care service providing the regulated activity of personal care to up to maximum of seven people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were six people using the service.

The Tobias Centre is an adapted building and contains two apartments in the basement floor along with individual apartments for other people on the other floors. There are communal rooms that provide sufficient space for people to spend time alone with the support of staff if they wish.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

### Right Support

People were supported to have control of their daily lives and staff supported people to live as independently as possible. Staff supported people to take part in activities they enjoyed, within and outside the home. People's medicines were managed safely. People's risks were managed to ensure they were kept safe whilst promoting independence.

People received care and support from skilled and knowledgeable staff who were able to meet people's needs and keep them safe. People were supported to access health and social care services when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

Staff knew people well and ensured they received the care and support they needed to keep them safe and to meet their individual needs.

### Right Culture

Staff engaged with people in a respectful way and understood how to protect people from poor care and abuse. The manager was available and visible to people, their relatives and staff which promoted an open, inclusive and empowering culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published 13 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Tobias Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Tobias Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector and one assistant inspector.

#### Service and service type

The Tobias Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Tobias Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the service did not have a registered manager. However, a new manager was in post and they were applying to register as manager.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We used information gathered as part of our monitoring activity that took place on 19 April 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We were introduced to the people living at the service, they were not able to speak with us, so we observed and listened to staff interactions with people. We spoke with three relatives and three staff members as well as the manager of the service. We also contacted three health-care professionals.

We reviewed a range of records, which included two people's care records, medication records, recruitment and training files along with a range of audits.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service which included a service improvement plan and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the safety of the environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had ensured risks associated with fire protection, window security, a radiator and outside floor safety were adequately addressed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Staff managed the safety of the living environment and any equipment used through audits and actions to minimise any risks. For example, audits had identified issues in relation to two internal doors and one patio door closing mechanisms. These issues were dealt with promptly to ensure people remained safe.
- Staff completed fire systems checks in accordance with the providers procedures. People had personalised emergency evacuation plans which detailed the support they required to evacuate from the building safely in the event of an emergency such as a fire.
- Risks to people's health and well-being were assessed and managed in consultation with their relatives and where required health and social care professionals. One relative commented, "We get involved in the care planning and reviews."
- Staff we spoke with were aware of people's individual risks and knew how to manage them safely in line with their risk assessments.
- We saw risk assessments were regularly reviewed and updated to reflect people's current needs. These included risks associated with people's behaviour. Risk assessments gave detailed guidance to staff to minimise the risk of people being harmed, this was particularly important as the service employed a number of agency.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The manager understood their responsibilities under the Act and had made applications to the local authority for appropriate authorisation under DoLS. Any conditions related to DoLS authorisations were being met.
- People were supported by staff to have as much control and independence as they could.

#### Staffing and recruitment

- Staffing was arranged around people's individual needs. Agency staff were used to ensure there were enough numbers of staff available to ensure people's safety and to support their various activities.
- Inductions were in place to ensure any new or agency staff had the skills and knowledge to support people safely.
- There were enough staff to meet people's need both within the service and when people accessed the local community. Relatives commented, "Yes, I think they have enough staff – it might not be the same two that you see with [person]" and, "Even when they are short of staff they make plans and they make sure [person] goes out. It is not always the same people but if there is a new member of staff they are always with an experienced member of the team."
- Staff records indicated staff were recruited safely. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. Other checks included references, identity and reviewing full employment history. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported by staff who followed processes to administer, record and store medicines safely. This included training and competency checks for those staff responsible for supporting people with their medicines.
- People received their medicines as prescribed and systems were in place to support people to receive their medicines when they were accessing the community or visiting their families.
- Systems were in place for medicines administered 'as required' to ensure people received their medicine when needed.
- Audits were completed, and action taken where any medicine errors or omissions were identified.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from the risk of harm or abuse. Staff had received training in safeguarding and were able to identify the different types of abuse and describe how they responded to concerns, this included reporting to the manager and keeping appropriate records.
- We observed interactions between people and staff were relaxed and people appeared confident as they engaged with staff.
- The provider had an effective safeguarding system in place to ensure people were kept safe.
- Staff were aware of the provider's whistleblowing policy and procedure and explained how they could also report concerns to external health and social care agencies such as the local authority or CQC.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were systems and processes in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the likelihood of them happening again in the future.
- Where incidents and accidents had occurred, we saw action had been taken in response to the incident which included notifying the local authority and CQC and updating care records and learning activities.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection governance systems were not effective in identifying risks to people. At this inspection audit systems had been developed and were in place to assess, monitor and improve the quality of service people received.
- A service improvement plan was in place and used to monitor progress against agreed actions. This enabled the new manager to further improve the service, embed improvements made and sustain them. This was regularly reviewed and monitored by the provider.
- At the time of the inspection the service did not have a registered manager in post. However, the service had a manager who was in the process of completing documentation to register as 'registered manager' with the Care Quality Commission (CQC).
- The new manager was visible and available to people and staff which promoted an open inclusive culture.
- Family members were positive about the service, one relative commented, "Management are very good, and they always help. I have spoken to [manager] and she is very good. Every time I have approached her with an issue, she has solved the problem".
- We found the manager very knowledgeable about people's needs, preferences and routines as well as their staffs' needs.
- Records relating to people's care were in good order which enabled agency staff to access the most up to date information about a person's care and support needs.
- The manager and staff told us they understood their roles and responsibilities and there was a clear management structure in place. The new manager was implementing a supervision system. This would provide an opportunity for staff to discuss their role and development.
- The manager understood their legal responsibility for notifying the CQC of incidents such as serious injuries or safeguarding's that occurred or affected people living at the service. Appropriate notifications had been received.
- The provider had policies and procedures in place to promote the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, infection control and complaints.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristic

- The manager understood their responsibilities under the duty of candour. They inform relevant parties

when things go wrong and work with them to ensure a satisfactory outcome is found.

- Relatives told us they felt well informed about their family member. One relative said, "Anything I need to know they let you know about."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with others. When people required specialist support or advice health and social care professionals had been consulted. For example, intensive assessment and treatment teams.
- The manager had a clear vision for the direction of the service which demonstrated a desire for people to have the best outcomes and quality of life. A family member told us, "It is wonderful. I cannot speak highly enough of them. They look after [person's name], they are very happy there and I know that".