

Little Oyster Limited

Little Oyster Residential Home

Inspection report

Seaside Avenue
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Tel: 01795870608

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15 April 2021

16 April 2021

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Little Oyster Residential home accommodates up to 64 people across three buildings. The main building is divided into two floors and annex, and there are separate bungalows and flats where people live more independently. The service accommodates people who have learning disabilities, mental health conditions and physical disabilities. The service was providing personal care to 52 people at the time of the inspection.

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

The service had improved since we last inspected it. Everyone we spoke with was positive in their feedback. Comments included; "99.9% of staff here are caring and nice. We look at staff as friends. They are very accommodating"; "I feel very safe, and I have lifeline" and "I feel safe living here. Staff makes me feel safe. I am happy here."

However, while there had been improvement in risk assessments, risks to people's health and wellbeing had not always been fully assessed. People were at risk of harm because staff did not always have the information they needed to support people safely.

People were protected from abuse and the risk of harm. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Medicines were stored and managed safely. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People were protected by the prevention and control of infection. There was an up to date infection control policy in place.

Accidents and incidents were reported by staff in line with the provider's policy, and the nominated individual took steps to ensure that lessons were learned when things went wrong.

The provider made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

People were asked for feedback about the service they received.

The nominated individual attended networking events to share learning and best practice.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Although the size and structure of the service was not in line with the principles of Right Support, right care, right culture, staff deliver care in a person-centred way that offered people choice, control and independence. The service had been managed in three sections, which enabled inclusiveness and empowered lives. The outcomes for people fully reflect the principles and values of Right Support, right care, right culture as people had choice and control.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 February 2021) and there were breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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, however some improvements were still required.

Why we inspected

This inspection was carried out to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met on a specific concern we had about risk management. We carried out an unannounced focused inspection of this service on 15 December 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to.

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.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Oyster Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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.

Little Oyster Residential Home

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 Care Act 2014.

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 was undertaken by two inspectors. One inspector visited the service and the second inspector collated and reviewed information and contacted people and relatives by telephone to gain their feedback.

Service and service type

Little Oyster Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. A new manager is undergoing registration with CQC during our inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection on 15 December 2020. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided through video calls and telephone calls. We spoke with five staff including care staff, supervisors, the acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This included telephone calls with staff to help with social distancing within the service. We observed staff interactions with people and observed care and support in communal areas.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessments and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively manage risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12, however some additional improvements were still required.

- At the last inspection, risk assessments were inconsistent. At this inspection improvements had been made; some additional improvements were still required. Risks assessments to mitigate moving and handling risks had been reviewed and amended to evidence safe ways of working. The risk assessments listed the equipment staff needed to help people transfer as well as the size, colour and type of sling needed. The management team had carried out assessments of people's pressure area risks. Some of these assessments had not been accurately completed, which resulted in people being wrongly assessed as a lower risk of developing pressure ulcers. We reported this to the nominated individual, and took immediate action to arrange training. This is an area for improvement.
- At the last inspection, risk assessments relating to the administration of laxative medicines were not clear to detail when staff needed to administer the medicine. At this inspection, we found the same issue. One person was prescribed a laxative, their risk assessment did not provide guidance to staff at what stage to administer the laxative medicine. For example, describing how long in days or hours the person had last opened their bowels or how to recognise how the person showed signs they were constipated. Another person had been taken off prescribed laxatives and their GP had agreed that they could take a homely remedy to manage their constipation. There was no risk assessment in place to detail at what point staff needed to administer the homely remedy. This is an area for improvement.
- At the last inspection, some staff had not followed risk assessments and safe ways of working because they had not worn their face masks (part of their personal protective equipment (PPE) correctly. At this inspection, staff were all seen wearing masks correctly, this protected people and staff from the risks of contracting COVID-19. A staff member told us, "There is plenty of PPE, we change PPE after supporting each resident. We wear it for protection."
- At the last inspection each person's emergency evacuation plan (PEEP) which should describe the support they would need to leave the building in an emergency did not detail what staff should do to support each person. At this inspection, improvements had been made to each person's PEEP to describe the equipment required to support them with their mobility. However, further improvements were needed to make sure staff knew what emergency equipment each person had been assessed to use. This meant that staff

(including new staff and agency staff) may not know how people respond to the fire alarm sounding and how to evacuate each person safely. The nominated individual had scheduled a visit in May 2021 from the fire service to help review and amend the PEEPs.

- Risks to the environment had been considered. The equipment and the environment continued to be maintained. Equipment such as hoists and slings had been serviced and tested as required under the Lifting Operations and Lifting Equipment Regulations 1998. The provider's maintenance team carried out repairs and maintenance to the service in a timely manner.

Staffing and recruitment

At our last inspection the provider had not consistently followed safe recruitment processes to ensure staff were suitable for their roles. We made a recommendation about this.

At this inspection improvements had been made.

- At this inspection, staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' full employment history.
- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. DBS checks help providers make safer recruitment decisions.
- There were suitable numbers of staff to provide the care and support people needed. Assessments of staffing levels were undertaken by the management team. Staffing levels were amended when required to meet people's changing needs.
- People told us, "There is always enough staff supporting me at all times. Even if required, management do come out to support me if required.", "We have plenty staff here" and "I do have enough staff to support me".

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have effective safeguarding systems in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from abuse. Staff had received training to make sure they had the information they needed to keep people safe. A staff member told us, "As a supervisor, I report [concerns] to team leaders and managers, it would be dealt with." Another staff member said, "I would report abuse to the team leader, then on to the manager, the owner and CQC. It would be dealt with."
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.
- People told us they felt safe. Comments included, "Yes, I am safe at Little Oyster because staff keeps me safe" and "I have been here two and a half months. It is lovely here, very smashing here. They make me feel safe, look after me and make sure I have all that I need and not afraid to ask something."
- Relatives told us, "Yes, people receive excellent care. Staff are kind and care about all their people they support." and "Yes, my relative has been there for about nine years and I will say they have been looked after brilliantly, I cannot fault them at all." and "Yes, I do feel people are safe and my relative is safe."

Using medicines safely

- Medicines were managed safely and stored securely. Medicines were kept in locked cabinets and the keys for these were securely kept.
- The management team completed regular audits on medicines to identify any errors. During each medicine round medicines were counted so errors could be identified swiftly.

- When medicines errors had occurred the provider had taken timely and suitable action to seek medical assistance, investigate and address the concern and to report the incident to relevant parties such as the local authority and CQC.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. For example, two staff completed the medicines round and they both verified the medicines and the dose matched the prescriber instructions on the medicine administration chart and the prescription label before administering. A staff member told us, "Medicines training is done, then questionnaires, they [management] observe practice too."
- People told us, "I do know what my medicines are for. I do get them on time"; "I do take medicine and staff do give me my medicines at all times" and "Staff support me with this, and I do receive my medicine regularly. I know the time they should give me too"

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 admitting people safely to the service.
- 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.

Learning lessons when things go wrong

- Systems continued to be in place to monitor accidents, incidents near misses and to learn lessons. Incidents and accidents were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly.
- The management team recorded lessons learnt to address any shortfalls that had occurred, this included issues which had been identified through audits, review of accidents and from feedback from health and social care professionals.
- The management team had addressed feedback received from a local authority commissioning officer in a timely manner. Feedback was gained about pressure area care skin integrity assessments on 12 April 2021 and the provider had acted on this by the time we inspected two days later. Although the action had only just been taken and changes were being reviewed and implemented, the nominated individual had arranged training for staff in this area to ensure they were trained to carry out the tasks required.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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

At our last inspection, the provider had failed to ensure effective systems were in place to identify and address issues with the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach.

- At the last inspection, quality assurance systems were not robust. At this inspection, the systems to review and check the quality of the service had improved. Checks included reviewing care plans, recruitment, incidents, daily records, health & safety, dignity and PPE. Where actions were needed these were recorded and completed in a timely manner. The provider used these audits to review the service provision.
- The provider understood the responsibilities of their registration. Registered bodies are required to notify the Care Quality Commission (CQC) of specific incidents relating to the service. Notifications had been sent to CQC appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the office and on their website.
- There was not a registered manager employed at the service. A registered manager is a person who has registered with 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. The previous registered manager had been in post from 2015 till January 2021 when they became the nominated individual overseeing the service. A new manager was recruited in January 2021, they had submitted their application to register to CQC. However, the manager left on 19 March 2021. A new registered manager application was submitted to the commission on 23 March 2021, this was being processed when we inspected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us that the management team continued to encourage a culture of openness and transparency.

"I feel comfortable going to management they are good to help you and are easy to approach." "We have pulled together and worked as a team through COVID, it was very hard. We help each other, we are a family and look after each other."

- There was a positive culture and atmosphere between management, staff and people. Both staff and people told us the nominated individual was good in their approach. One person said, "Thank you to the nominated individual who acted fast during the coronavirus that the home was not overwhelmed. I have been here nearly five years and I have not had any problem talking with the nominated individual. They are approachable. I have had them directly supporting me before. Everyone chip in and work together. They do not hide in the office." Another person said, "'X' is lovely, I can talk to 'X' whenever needed, approachable, very good manager."
- Relatives also gave us their views about the management of the service when we asked if the service was well managed. Comments included, "Yes, it is well managed. The nominated individual has been very approachable. Easy to talk to."; "I will recommend the service. I will even like them to move me to the home when it is my time. I really love it and my relative is well looked after there" and "Yes, it is well managed, and I would recommend the service 100%."

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

- There was a clear management structure at Little Oyster Residential Home. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- When things went wrong or there were incidents, the nominated individual was open and transparent about these and informed CQC, relatives and commissioners as appropriate. The responsibility to uphold the duty of candour was understood by the nominated individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication within the service were facilitated through staff meetings. Areas of discussions included medication, documentation and activities. Feedback from the meetings was used to improve the service provision. For example, some staff required a refresher course, and this was provided by the nominated individual. Staff commented, "We had monthly staff meetings before lockdown, now we have communications via communication books, team leaders have smaller meetings for shift groups rather than having too many people in the room." and "We have staff meetings, we can add to the agenda."
- The provider had systems in place to receive feedback about the service including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, relatives commented, 'There is nothing negative about this service. It has been wonderful'; 'A wonderful, caring home who have looked after 'X' for 13 years. We are kept well informed at all times and as a family knows they are well cared for and looked after. Thank you to all the dedicated staff at Little Oyster.' and 'I have the highest praise for everyone who works at Little Oyster.'

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. The management team had built strong links with other local registered managers and providers who they gained support and advice from. For example, the nominated individual is a member of the Kent Integrated Care Alliance (KICA). KICA is

an independent body to support local care providers in Kent.

- The management team had signed up to conferences and events in the local area to help them learn and evolve and build a rapport with providers and registered managers outside of the organisation. These included, Clinical Commissioning Group meetings, Skills for Care managers forums and local authority managers forums.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team, district nurses, care managers to ensure people received joined up care.
- The provider, management and staff worked well with other agencies and services to make sure people received their care in a joined-up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities. This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect.