

Modus Care Limited

The Tobias Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Tobias Centre is a residential care home providing care to six people with a learning disability and/or autism at the time of the inspection. The service can support up to seven people.

The building has two self-contained apartments on the bottom floor and individual rooms for other people on the above floors. There are communal rooms where people can be together and space for them to be alone with the support of staff.

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

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.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People living at The Tobias Centre had their need for choice and control, independence and inclusion respected. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, they were able to access the community and choose activities that interested them. Staff also knew people well and could steer people to activities they enjoyed.

People were cared for by staff who were caring and treated them with respect and dignity. Staff knew how to keep people safe from harm and becoming unwell. Health needs were met and specialist professionals were involved as needed. Medicines were safely managed and how people's care was planned was personalised. Those important to people worked with staff to achieve good outcomes for people.

We found concerns around the safety of the environment in respect of fire safety, preventing falls from height and ensuring people were not burnt by uncovered radiators. This reflected on how the service was being governed. We have recommended that the provider considers seeking reputable advice and guidance to improve their quality monitoring systems, responding to staff and improving staff morale.

Staff raised concerns about the leadership and governance of the service and the high changeover of staff which we have discussed with the provider.

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 (the last report was published 3 July 2018). This was because we found there was a breach of Regulation in respect of the safe management of medicines.

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 medicines had improved. However other issues in respect of the health and safety of the service were found. The provider was therefore still in breach of Regulation. The service remains rated Requires improvement. This means the service has been rated Requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We have identified a breach in relation to the safety of the environment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team included 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 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 service had a manager registered with the Care Quality Commission. 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.

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. We wanted to be sure there would be people at home. Also, the service works with people with complex emotional needs and staff needed time to prepare people for us visiting.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection.

During the inspection

We were introduced to the six people living at the service, however they were unable to speak with us, so we observed and listened to how staff interacted with people. We sent questionnaires for family and staff to feedback to us. We received feedback from four family members and six staff.

We spoke with the registered manager, area manager, deputy manager and behaviour support team manager. We phoned and spoke with a fire safety officer from Devon and Somerset Fire and Rescue Service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification and updates in respect of the fire safety, window restrictors and that the radiator had been covered.

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.

Requires improvement: 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

- Risks identified in a risk assessment in respect of fire safety had not been followed up from January 2019. We spoke with the fire service who had communications with the service during the inspection.
- We saw some doors that required them did not have automatic door closures and were propped open with door wedges. These were highlighted to the fire service.
- The windows (of a sash design) were unrestricted and there were no measures in place to ensure the HSE (Health and Safety Executive) requirement that these are set to open no more than 100mm was met. This placed people at risk of falling from the windows. The built-in restrictors were applied during the inspection and following the inspection we were sent evidence the window restrictors were now secured.
- A radiator in one of the apartments was uncovered. This placed people at risk of burning themselves on the radiator. There were also no risk assessment and systems in place to ensure the covers were in place and checked.
- The walkway to the laundry was steep and outside the building. The surface safety had not been assessed for people with mobility issues. Service users had access to the laundry to support their independence.
- There was no system for staff on duty in the basement to communicate any risks or concerns to the staff or management on the upper floors. This was despite knowing of risks associated with people living on this floor in respect of behaviour that challenges and their health.

Not ensuring the safety of the environment is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People had risk assessments closely linked with their care plans to keep them safe in the service and community. These were reviewed, and staff, family and relevant professionals were involved.
- Methods were used to support people to contribute to their risk taking in the service and community. For example, by communicating in line with people's assessed need.
- Behaviour support plans were available for staff to refer to in order to support people safely and manage risks associated with behaviour that could challenge or place people at risk.
- Evacuation plans were in place and staff and people had practiced evacuating. One person who had impaired hearing had a fire alarm with a flashing light to alert them if it was activated.
- The fire alarm was tested weekly and the system maintained by a contractor. Weekly checks were in place that checked fire points, ensure the system was serviced and to check door seals and current closures.

Staffing and recruitment

- There were enough staff to meet people's needs. We were told by the registered manager that staffing levels were kept under regular review.
- Staff and a family member shared some concerns with us about staffing. They told us there had been a high staff turnover.
- Staff also told us the service no longer had a cook or domestic staff, which meant a staff member could be removed from the floor and their one to one caring for a person; this could increase risk if people were not settled at that point. Staff how advised they would always put people's needs first. We spoke with the area manager about staff views around the staffing. They stated they would arrange to communicate with staff to gain their views and ensure concerns are addressed.
- Staffing was arranged around people's individual needs. Day staff arrived at staggered times to ensure there were enough staff to meet people's needs if they wanted to get up early.
- Two to one support was structured to support people to access the community, and was kept under review to ensure people received the right level of support
- There was an on-call system across the provider's services to ensure people were always supported by people who knew them. No agency staff had provided care since the new manager started in April 2019. Staff from other homes were utilised to fill gaps in the rota. Again, staff had shared concerns as the staff that did this needed to have the right skills and knowledge of the people living at the service. This had been discussed with the area manager who agreed to review and address any skill gaps.
- Staff were recruited safely and carefully to ensure they were safe and had the right attributes to work with the people using the service.

Systems and processes to safeguard people from the risk of abuse

- Staff described clearly how they would ensure people in their care were kept safe from abuse.
- Staff were kept up to date with their skills and the provider had policies and systems in place to keep people safe.
- The provider had instigated work to minimise the likelihood of seclusion and restraint being used by staff. This included improving staff skills in dealing with behaviour that can challenge, better behaviour support plans and ensuring all incidents that cause staff challenge are reviewed.
- Relatives told us they felt their loved ones were safe living at the service.

Using medicines safely

- Staff administering medicines were trained, observed and signed off as competent to do so.
- Medicines were ordered, stored and returned safely.
- People had their medicines given as prescribed and these were recorded clearly and accurately.
- People's medicines were ordered in good time and systems were in place to support people to visit family, access the community and go on holiday safely.
- Systems were in place to support 'as required' medicines for pain, anxiety and behaviour that may challenge. The details of when and how these could be used were in people's behaviour support plans and care records but not held with the medicine records. Discussions were had during and following the inspection and the provider is looking to refine this process at the Tobias Centre and its other services.

Preventing and controlling infection

- The service ensured people were protected by good infection control practice that adhered to current guidance.

Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed by the registered manager and the behaviour support team.

- Learning from events was used to inform policy, practice and staff training needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had lived at the service for some time. Staff had ensured people's needs were assessed before coming to live at the service.
- Staff and management were alert to changes in people's presentation and the need to review them as and when needed. The provider's behaviour support team had constant involvement; staff could raise a concern, or a change was noted which was then reviewed.
- External professionals were consulted and brought in as and when needed.

Staff support: induction, training, skills and experience

- New staff receive structured induction training including positive behaviour management training and the Care Certificate. The Care Certificate was brought in to standardise the level of care knowledge for those new to this area of work.
- New staff receive regular supervision throughout their probation period, and we saw that the registered manager had extended this where they felt the person needed more support.
- Mandatory training had been completed by all staff with systems in place to ensure this was completed within expected time scales.
- On line training was used where appropriate, with classroom training used for practical skills such as life support and moving and handling.
- Staff completed face to face training in Autism and Asperger's, Makaton and Epilepsy.
- Staff received regular supervision and the registered manager was working to ensure staff had an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to choose what they wanted to eat and drink in advance. Staff used a variety of communication methods to support people to make choices. For example, for one person they would show them what was in the cupboards to help them make a choice.
- Records detailed how staff had recognised or guarded against known risks such as choking and malnutrition.

Adapting service, design, decoration to meet people's needs

- People's rooms were designed around their individual needs. Three people had small flats, with a bedroom,

living areas and bathroom. One person had a private garden with a trampoline and a swing, and soft mats to enable them to take part safely in their hobby of 'tumbling'.

- The manager explained how any refurbishment or changes needed to be managed very carefully due to the distress it could cause that person. Some people were unable to tolerate things like pictures on their walls.
- The main areas of the home had recently been refurbished. The manager showed us pictures that had been purchased to make the rooms feel homelier but explained that changes had to be made slowly so as not to distress people.
- One person had their own lounge on the ground floor.
- There was a safe communal garden which people had open access to.

Supporting people to live healthier lives, access healthcare services and support

- People had access to NHS services and were supported to attend appointments. For one person who found it distressing to attend appointments for chiropody they had arranged for a chiropodist to see them at the home. A plan was in place to support the person during these appointments.
- People were supported to make their own decisions regarding their healthcare, where they had the capacity to do so.
- Regular GP reviews took place as needed. Dentists and opticians were arranged to visit the home at regular intervals.
- Staff knew people well and could identify changes in people's health and would ensure any concerns were explored further. Best interests decisions would be made where required.

Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's capacity to consent to living at the service and consenting to their care was assessed.
- Everyone was subject to a DoLS authorisation however, the staff ensured the least restrictive practice with people accessing the community. Appropriate risk assessments were in place to keep people and the community safe.
- Staff supported people to exercise as much control and independence as they could.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with respect
- We observed respectful and caring interactions between staff and people. Staff knew people well and were able to anticipate their needs and act to avoid situations which might distress them.
- People's culture, faith and requirements to communicate effectively were met. Staff were aware that people may have needs related to their sexuality but were unable to express these appropriately. Systems were in place to manage this.
- People were supported to maintain relationships with those important to them and spend time with their families.

Supporting people to express their views and be involved in making decisions about their care

- People were able to choose where they spent their time and when they went out.
- We communicated with one person with the help of a staff member using their own version of Makaton. The conversation flowed quickly and easily, and it was clear that the member of staff knew the person they were supporting well and was skilled at communicating with them.
- Special occasions were celebrated. For example, a party was held for a person's 21st Birthday, the home was decorated, food was provided, and their family attended to celebrate with them.
- People were supported to send cards and buy presents for their families, for example one person was recently supported to purchase a personalised Father's Day gift.
- Staff supported people to enjoy a holiday to a local holiday park.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be as independent with their care and daily lives as possible.
- Staff were aware there was a need to enable each person to cope with change, noise and special occasions. This could be by desensitising the person beforehand so the event, task, appointment was successful.
- People's privacy and dignity were respected.
- Staff acted to minimise distress. For example, one person had previously found spending time in the communal areas difficult as the noise distressed them. Staff worked with the person to spend short amounts of time communally; gradually increasing this as they felt comfortable. This person now enjoyed regular Sunday lunches with staff and people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a strong person-centred culture at the service and people received individualised care.
- Staff evidently knew people well and acted to pre-empt needs that could escalate behaviour could be challenging.
- People at the service were living with autism and preferred order and routine. This was provided.
- People were encouraged to have input into their care planning as much as possible. Making day to day choices was seen as important and staff facilitated this as much as possible.
- Relatives told us they were fully involved in care planning and were kept up to date.

The service demonstrated they were adhering to the principles of Building the Right Support. That is providing a good and meaningful everyday life.

- People were encouraged and supported to lead full and active lives, to follow their interests and develop new interests, and to take part in social activities.
- Personalised activities and access to the community daily were provided. Staffing levels were planned accordingly to ensure there are enough staff to support people to go out.
- People's likes, and dislikes had been gained over many years and with the involvement of family, the staff and wider professional community. People were given the opportunity to explore their hobbies such as their love of cars. For one person for example, staff had built up a relationship with a local dealership so one person could 'talk' cars with them while the staff interpreted by using sign language.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service worked closely with Speech and Language services as needed.
- The service ensured people could communicate in line with their assessed needs. For example, by use of British Sign Language and MAKATON.
- Other people were supported to communicate by using recognised communication methods for people living with autism or nonverbal communication. This included using photographs of familiar objects, foods and so on.

Improving care quality in response to complaints or concerns

- There was a system in place to record complaints, however no complaints had been received
- Staff knew people well and would identify and explore any possibility that there was a concern that needed addressing.

End of life care and support

- At the time of our inspection, the service was used by people who were young and in good health.
- The service was aware that planning for end of life care would become more important as people become older.
- The care records included a lot of detail of people's likes and dislike that could be used to ensure any end of life care met their requirements.

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 remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the inspections in 2017 and 2018 we raised concerns within the well-led section about the monitoring of the service. On this inspection we found continued concerns that governance systems had not ensured the service could be rated Good in all key questions.
- On this inspection, our concerns related to the fire safety, preventing falls from height and heated surfaces. The governance and auditing systems had not been effective in identifying these risks to people
- The provider had moved to an electronic system of auditing. A range of audits had been established but these did not demonstrate what action had or would be taken if issues were identified. For example, we were told by the area manager that the fire risk assessment from January 2019 had been uploaded on to the electronic system, but the action plan had not been addressed.
- We had communication with the area manager immediately following the inspection who assured us that the system of auditing was being reviewed to ensure issues were addressed as required. There have also been discussions around how this will then flag an alert to the registered manager and other senior managers if something has not been addressed in the required timescale.

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

- All the staff who fed back to CQC raised concerns about not feeling supported by the registered manager and provider in their role; staff told us they did not feel valued and could not contribute ideas to the running of the service. They told us staff meetings were often cancelled and written responses to email were slow or did not take place.
- Staff told us they felt unable to approach the registered manager and/provider. They told us their morale was low and were worried about the impact on people who used the service if it continued.
- We have spoken with the area manager about what staff told us and they said they would act to address staff concerns.
- There was a 'you said, we did' board in the downstairs office where people supported by staff could write suggestions or ask for things to be done, and management would record their response.
- Relatives told us they were updated about the service.

We recommend that the provider considers seeking reputable advice and guide to improve their quality

monitoring systems, responding to staff and improving staff morale.

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

- Staff and management verbalised a strong commitment to ensuring people lived their lives to the full.
- The service had core values which were on prominent display. This was supported by a staff recognition system, implemented by the provider, where staff could be nominated for work that demonstrated the core values. The company held an annual awards ceremony. Staff could be nominated for an award, and a national celebration evening.

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

- Systems were in place to ensure the duty of candour was met.

Working in partnership with others; Continuous learning and improving care

- The manager was part of a local managers network and used on line resources to stay up to date with best practice.
- The provider was working with behaviour specialists to establish good practice in respect of the use of restraint and seclusion. This included the use of physical and medicine means to control people. Policy was that any such practice should be as a last resort. Reflective practice had been put in place to support staff and the service to learn from situations where behaviour may have been challenging. The likelihood of the use of restraint and seclusion would further be reduced as more understanding about individual behaviour and triggers were gained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(b) Safe care and treatment was not assured to be safe by not doing all that was reasonably practical to ensure the environment was safe.