

Little Oyster Limited

Little Oyster Residential Home

Inspection report

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Tel: 01795870608

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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 inspection was carried out on 4 September 2018, and was unannounced.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Little Oyster Residential Home is a privately owned care home providing accommodation, personal care and support for up to 64 people with diverse and complex needs such as physical disabilities, acquired brain injury, learning disabilities, autism, downs syndrome and limited verbal communication abilities. At the time of our visit, 55 people who lived in the service were between the ages of 18 and 65 years.

At the last Care Quality Commission (CQC) inspection on 18 October 2016, the service was rated as Good. At this inspection, we found the service Requires Improvement.

Little Oyster was designed, built and registered before registering the right support. Therefore, the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

Although the service had not been originally set up and designed under the Registering the Right Support guidance, they were continuing to develop their practice to meet this guidance and used other best practice to support people. They have applied the values under Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager at the service. 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 and associated Regulations about how the service is run.

Medicines practice was not always safe. Medicines had not always been recorded and we found gaps on the MAR chart.

The registered manager had a quality audit in place. However, at the time we inspected, the scheduled monthly audit had not been carried out. The registered manager was not aware of some of the concerns we found during this inspection.

Staff received regular training. Although staff had not been provided with appropriate support and supervision as is necessary to enable them to carry out their duties, staff told us they had regular access to

the registered manager and they would not hesitate to contact her if required.

People were protected from the risk of abuse at Little Oyster Residential Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People received the support they needed to access healthcare services.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to ensure there were always enough staff on shift.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to eat and drink enough to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time. People were supported to maintain their relationships with people who mattered to them.

Staff showed they were caring and they treated people with dignity and respect. Staff ensured people's privacy was maintained particularly when being supported with their personal care needs.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint.

The registered manager provided good leadership. They checked staff were focused on people experiencing good quality care and support.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

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.

Medicines practice in the service was not always safe.

Staff knew how to protect people from risks of abuse by following the safeguarding procedure and reporting any concerns they had.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Is the service effective?

Good 

The service was effective.

Suitable training was provided to develop staffs' skills.

People had an initial assessment to determine the care and support they required from staff. Individual care plans that were in place were reviewed regularly to provide up to date information.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their meals and fluids as well as their health.

Is the service caring?

Good 

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their assessment and care planning process.

The care people received was person centred and met their most up to date needs.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People told us they were encouraged to pursue their interests and participate in activities that were important to them.

The registered manager responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager had a quality audit in place. However, at the time we inspected, the scheduled monthly audit had not been carried out. The registered manager was not aware of the concerns we found during this inspection.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Both management and staff understood their roles and responsibilities.

Little Oyster Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 04 September 2018 and was unannounced.

The inspection was carried out by three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

This inspection was in response to concerning information we had received about people's safety, neglect of people's needs, lack of staff training and unsafe management of medicines.

Due to bringing the inspection date forward, we did not ask the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information we had received and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people who lived at the service had complex needs and were not able to tell us about their care and support. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff interactions with people and observed care and support in communal areas. We spoke with 19 people who used the service.

We spoke with seven care staff, one cleaner, deputy manager and the registered manager. We also

requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. We received feedback from a learning disability liaison nurse.

We looked at the provider's records. These included six people's care plans, health records, risk assessments and daily care records. We looked at eight staff files, a sample of audits, policies and procedures, satisfaction surveys and staff rotas. We reviewed duty rotas, complaints, compliments, quality assurance systems and processes.

We asked the registered manager to send additional training records information after the inspection visit. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

Most people told us they felt safe living at the service. One person said, "Yes thank you they do look after me." Another person said, "Yes I feel safe. I am well looked after." A healthcare professional told us, 'I have only visited the service a handful of times, but not had any issues.' However, we found the service was not always safe.

Medicines were stored safely and administered by staff who had been trained and had their knowledge checked as competent to do so. However, there were inconsistent practices in the administration of medicines which put people at risk of harm. Medicines administration records (MAR) charts had not always been accurately completed. In one person's records, we saw that there were gaps on the MAR chart for 25 and 28 August 2018. There was no reason given as to why the medicine was not given. In another person's records, staff had not completed the MAR chart for 30, 31 August and 01 September but the biodose system was empty for these dates. Biodose system is a single system for administering solid, oral tablets and capsules together with liquid medications. This meant that people were at risk of not being administered their medicines or over dose, which could cause harm.

The practice in relation to records relating to medicines was inconsistent. One person was prescribed oral morphine with instruction that 10mls to be given whenever required dated 27 July 2018. We found that in the last five days record showed that the amount recorded had continued to reduce by 10mls each time the medicine was given. However, when records got to 55mls remaining and the next dose of 10mls was given, the recorded amount remaining rose to 95mls. This showed a discrepancy of 40mls during the month of August 2018. This meant that there was not an accurate record of the medicine. We could not be assured the person had received their medicine as prescribed by their GP. We fed our findings back to the registered manager and requested this to be investigated. The registered manager fed back to us on 7 September 2018 that a disciplinary meeting has been arranged for staff member involved regarding recording the stock control incorrectly. Feedback from the registered manager confirmed there was a recording error as we found.

PRN (as and when required) protocols were not in place for all medicines administered this way. PRN protocol provided guidance to staff on the circumstances under which the PRN medicines could be administered. For example, people were prescribed macrogol, cetirizine 10mg, zapain codeine 30mg and paracetamol 500mg. There were no protocols for these medicines for staff to follow. We asked members of staff about their knowledge on PRN. One member of staff said, "We give the medicines as instructed." They were unable to explain further. This meant that it might not be always clear to staff the circumstances in which the medicine should be given, the dosage to be given and the side effects of that medicine.

The failure to ensure that medicines were suitably managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, we observed the staff member explaining to people what medicines they were being administered and why. People who were prescribed 'as and when required' (PRN) medicines to manage

pain relief were asked whether they required any pain relief or not. Staff checked when medicines had last been given, to ensure they were not exceeding prescribed amounts. The staff member wore a tabard to remind other staff not to disturb them while they administered medicines. This minimised the risk of being distracted and making errors.

The service believed that good care is centred on the needs of people who received it and introduced individual medicine cabinets, which had been installed in people's bedrooms. This ensured medicine administration in the privacy of people's rooms and further enhanced the person centredness of the service. This meant that people had choice and control over their own medicines.

People were supported in accordance with their risk management plans. A positive and proactive approach was adopted to support people who demonstrated behaviours that may challenge the service or others. Risk assessments were specific to each person, had been reviewed regularly and promoted and protected people's safety in a positive way. One person who regularly access the local café was adequately risk assessed and a mobile phone was procured for the person in order to ensure their safety in the community. Another person wanted to go skydiving. A risk assessment was considered along with capacity and staff approached a skydiving service. Prior to this, the person was supported to watch a video on skydiving to educate them on this activity. Upon watching the video, the person decided they no longer wanted to do this activity. Other risk assessments included moving and handling, care plans and daily routines and explained what the risk was and what to do to protect the individual from harm. The risk of people with acquired brain injury developing pressure sores was adequately assessed. People at high risk had measures in place to manage this risk for them. For example, we saw people were provided with pressure relieving equipment where required. Input from district nurses had been sought whenever required. This meant that the service had systems which mitigated risk of harm to people.

Staff maintained an up to date record of each person's incidents, so any trends in health and incidents could be recognised and addressed. We saw these forms completed recently and asked how these had been resolved. In cases of referrals, action had been taken to reduce the risk of these happening again. The registered manager used the information to make improvements to keep people safe. The registered manager said it was important to learn from trends and mistakes to improve the way people are cared for. This meant that people could be confident of receiving care and support from staff who knew their needs.

The registered manager and staff were aware of how to protect people from abuse. For example, the registered manager had raised a safeguarding alert with the local authority about pressure ulcers and care in hospital and GP services. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. All staff spoken with said they would report any suspicion of abuse immediately to their line manager. All staff had completed safeguarding training between 2017 and 2018. A member of staff said, "I would report anything I felt was not acceptable." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had easy read information about whistleblowing on the notice board.

The provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. People were introduced to new employees before they were recruited. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager told us that they recruited all staff using values based approach. For example, some staff were recruited to

fulfil people's cultural needs. They had recruited Polish, Portuguese and Nigerian to specifically meet the cultural and communication needs of the individuals who live at the service. This meant that they looked for people whose values were aligned with those for people with learning disabilities such as treating people as individuals, choice and control.

The staffing level were appropriate to support people and meet their needs. Staff rotas showed the registered provider took account of the level of care and support people required, both in the service and when out in the community, to plan the numbers of staff needed each day to support them safely. There was a stable staff team and any shortfalls in staffing were usually covered by existing staff. However, there were mixed views about staffing in the service. People said, "It would be nice if there were more staff. It takes ages for me to do anything.", "I have a buzzer and they come quite quickly. Carers are here when I need them. I don't feel the carers are rushing when doing my personal care. They have time for me." and "Staff are always rushed off their feet. When I use the call bell in my room, sometimes they come quick, sometimes about ten minutes." We fed these comments back to the registered manager who told us they would review their staffing accordingly. The registered manager sent us a new staff dependency tool to be used shortly after our inspection. Assessed staffing levels were reflected on the day of the inspection.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the registered manager or the deputy manager who would either provide advice over the phone or go to the service.

There were effective systems in place to reduce the risk and spread of infection. The service had no odours and the environment and equipment was safe and clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. The service had an effective infection control policy. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control. People were cared for in a clean, hygienic environment.

The registered manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the registered manager monitored these until completion. Staff carried out routine health and safety checks of the service including regular checks of fire safety equipment and fire drills.

We received information from Kent Fire and Rescue Service about breaches of fire regulations, which were found during the fire officer's inspection of the building on 12 and 16 January 2018. The information shared with CQC about the breaches indicated potential concerns about the management of risk of fire. At the time of their audit, they found six areas of deficiencies. At this inspection, we found that that breaches of fire regulation identified in January 2018 had been actioned. For example, the fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment developed by an external fire safety professional in March 2018 was in place.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff

we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

Is the service effective?

Our findings

Our observation showed that people were happy with the staff who provided their care and support. There was positive interaction between people and staff. One person said, "The staff are lovely." Another person said, "The staff are good. Well, I am still here after few years. They introduce new staff to us."

Training and development systems had been established which promoted person centred care and embedded best practice within the service. People supported the management team with staff interviews and fed back their views. New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff worked alongside experienced staff and were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector. A member of staff said, "My mandatory trainings are up to date and I have done an NVQ level 2, which I am happy about." Another said, "In the last year, I have done health and safety, manual handling and I have just finished my NVQ 3."

Staff received the training and updates they required to successfully carry out their roles. Training records confirmed this was the case. Staff had received some training to support them in their roles since we last inspected. The staff training records showed that all staff had attended trainings considered mandatory by the provider. We saw training certificates in staff files which confirmed this. The staff explained that the trainings were useful.

However, members of staff were not always supported through individual one to one supervision meetings and appraisals. This would have provided further opportunities for staff to discuss their performance, development and further training needs, which the registered manager would have been able to monitor. For example, one staff member last had a supervision on 26 April 2018. Three other members of staff last had a supervision in June 2018. The provider's supervision and appraisal procedure, which was reviewed in January 2018 stated the frequency of supervision as 'Take place every 6 to 8 weeks'. This meant that the provider had not provided appropriate support and supervision as is necessary as stated in their policy. We fed this back to the registered manager who admitted that there had been lapses in staff supervision and promised to bring these up to date. Members of staff spoken with informed us that the registered manager was always around. Comments included, "The manager makes her self-available at all times" and "The manager is around the home on the days they are in and working, I see her quiet often."

The registered manager undertook an initial holistic assessment with people before they moved into the service. The assessment carried out checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People's protected characteristics, such as their race, religion or sexual orientation,

were recorded during the initial assessment. Each person's care plan outlined the specific support they required such as, specific cultural beliefs and the support required from staff to maintain this. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights. As people moved into the service, the resulting care plans were developed in line with good practice, including guidance provided by the National Institute of Health and Care Excellence (NICE), NHS guidance and the principles of person centred planning. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

People were supported to be involved in planning their menus and preparing their own meals. The service provided two weekly life skills sessions where individuals can prepare meals. People have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes. There was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. As part of the way food was prepared and provided, the service had consulted with other care professionals such as speech and language therapists to ensure that they were meeting people's dietary needs. Little Oyster Residential Home supported people with complex needs and some people needed support to eat, we saw that this was done in an unhurried way and continuous reassurance was given to the person by staff. One person said, "The staff cut up my food for me. We have two choices. The staff get me snacks or a drink if I want something between meals." We observed people making light snacks and drinks.

Records relating to drinks people had were kept. For example, one person's speech and language therapist (SALT) had recommended that fluids be thickened to reduce the risk of choking. We checked and found these were offered as per guidelines. There were details of fluid consistencies given written in daily records as per SALT recommendation for meals and fluids intake for the person. This meant that staff had been following specialist guidelines in order to meet people's needs.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local SALT team. This demonstrated that the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as professional visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis. A healthcare professional confirmed this and commented, 'The registered manager ensures that referrals are completed.'

People were supported to maintain good health. Some people were living with long term conditions, such as acquired brain injury. During our inspection, people were visited by a district nurse. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to ensure that people's health needs were effectively met.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities undertaken, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was a system in place for applying for DoLS for people who did not have the capacity to make specific decisions such as where they received care. For example, two people who lived at Little Oyster Residential Home wanted to get married. A mental capacity assessment carried out. Best interest meeting was held after it was decided that both did not have the capacity to understand the legal aspect of the marriage vows. It was decided that a church blessing with a wedding feel was appropriate. These two people had got married and felt happy. The service kept a register of applications which included dates that applications had been made and the status of the applications. We reviewed DoLS applications. They contained information about who was involved in deciding what care would be in the person's best interest and that the person was present for the discussions. Capacity assessments were carried out to determine whether the person had capacity to make decisions about their care. The registered manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's care plans. Some people who lived in the service had authorised DoLS in place to keep them safe and these were appropriately notified to CQC.

People had access to advocacy services if and when they needed it. Advocacy information was on display on communal notice boards. A healthcare professional commented, 'The service is good at advocating for people with a variety of disabilities'.

The design and layout of the service met people's needs. The corridors were wide for wheelchair access. There was a courtyard for people to relax outside the building and this was secure and flat which made it easily accessible to people.

Is the service caring?

Our findings

One person said, "The staff are caring. You can choose what time you want to go to bed." Another said, "The staff are caring. They know how I like things done."

Staff had built caring relationships with people. We observed that people were supported by caring staff who were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. We saw staff always treated people with kindness, respect and a sense of humour. One person said, "The staff respect me. I get anxious but they know how to support me." People led interactions and staff followed their lead whenever possible. There was a feeling of equality between people and staff, with lots of humour and laughter.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this. People's care plans identified their communication needs. The registered manager and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime staff showed people the two choices of meal so they could see and smell them, which would evoke memories of whether they liked each meal. One person said, "Food is alright. We are given two choices and we can ask for an alternative."

There was a person-centred culture at the service. People were respected, valued and treated as individuals. Staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them in a caring and affectionate way. One person said, "They call me by my Christian name, which I like." They had knowledge of their past profession and who was important in their lives. They understood the importance of respecting people's individual rights and choices. For example, one person would often refer to himself as a female. Staff supported him in his decision. The person like to wear a wig and nails painted. This showed that staff respected people's choices.

People were involved in their care planning and their care was flexible. For example, some people had fish tanks in their rooms following a key worker meeting. Most people said they knew about their care plan and were involved in writing it. Staff sat with one person and talked them through their care plan as they had been unsure if they had seen it. The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. People's preferences were treated with importance. The service respected and implemented people's decisions about who provided

their support. People told us they chose which staff provided their support and could change their minds.

People's bedrooms were filled with their personal possessions, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about the person, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. People's cultural needs were met. These were recorded in their care plans. People were supported with cultural sensitive diets. Information on people's sexual orientation was provided for people in an easy read leaflets that are accessible. People were supported to attend churches and mosque on a weekly basis according to their wish.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. For example, one person pressed the call bell and staff responded within a couple of minutes. Staff knocked on door and waited before opening it. We observed that staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration to maintain their privacy and dignity.

The service recognised the need for and people to access advocates. Staff also encouraged people to advocate for themselves when possible. They ensured people were offered advocates and had good knowledge of local advocacy services.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

People's relatives were able to visit their family member at any reasonable time and they were always made to feel welcome.

Is the service responsive?

Our findings

One person said, "I enjoy painting. I go out to shows and for meals every month. I enjoy reading. I join in with the activities here. I have never had any concerns. I would go to the manager if I did." Another said, "I am very content here. I'm not interested in joining in. I watch TV mostly. I haven't had anything to complain about. I would raise it with management if I did."

People experienced a personalised level of care and responsive support that promoted their physical and emotional wellbeing and enhanced their quality of life and independence. People told us they were encouraged to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed on the notice board and people confirmed that activities were promoted regularly based on individual's wishes. There were several communal spaces that could be used, with or without a television and an outside garden area. Two people told us together, "We can go out and about when we want. We travel by train which is cheaper than getting a taxi. Before we go out together the staff check that our mobile phones are fully charged so that we can call for help if needed. If we want to go out separately we have a member of staff with us. We are off to Butlins for a couple of nights. If I wanted to complain I would start with the floor manager and work upwards."

Activities were person-centred. People were able to express their wishes and choices though their interests. There were three activity coordinators employed to provide activities for people. We saw evidence in the files that activities staff provided a flexible approach to a range of activities to meet people's needs. They recognised that people may not always be well enough to participate in a group activity, so they varied activities daily. The lounge/activity room was located in the middle of the service. This ensured that people could choose to be in a quieter environment or a noisy environment and people's preferences could be met in a person centred manner. The service clearly placed great emphasis on activities for people. One person said, "There are activities, such as music, games and today we have a singer downstairs. Things going on over the weekend all good fun." People attended colleges, swimming lessons and flute lessons on a weekly basis. One person recently obtained a passport to enable them to go on holiday abroad, which was their wish.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living, care and support needs. Moving and handling plans were detailed and included what the person could do for themselves and the type of support they required such as prompts, or hand over hand support. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. The cultural needs plans identified the support required by each person for example, if they needed support to attend a place of worship. The registered manager was in the process of including additional section about people's sexual orientation in an easy to read format.

Care plans were regularly reviewed. All the care plans we looked at had been reviewed in 2018. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines were detailed and included people's personal preferences. For example, if they preferred male or female staff to support them. Staff were knowledgeable about people's preferences and demonstrated these were considered in all aspects of each person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable staff to support them effectively.

We found information regarding people's communication needs was recorded in care plans and the service had gone to great lengths to ensure information was provided to people in accessible formats. People had hospital passports [to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital] which included their preferred ways of communicating, religion and the spoken language of any staff supporting the person. We saw the passports were very person centred using pictures and symbols to aid understanding. People were supported to have information made available to them in easy read or pictorial formats. Information was provided to people in a way to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The complaints process was displayed in one of the communal areas in an easy to read format so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. People told us that they were very comfortable around raising concerns as they found that the registered manager and staff were always open to suggestions, actively listened to them and resolved concerns to their satisfaction.

People received a responsive service. People and their family members were asked about any future decisions and choices with regards to their care. Care and support was person led. Information about people's end of life care were based on their wishes and stated in their care plan. No one at the service had been identified as being on end of life care at the time we inspected.

Is the service well-led?

Our findings

There was a management team at Little Oyster Residential Home. This included the deputy manager and the registered manager. Support was provided to the registered manager by the provider in order to support the service and the staff. A director of the service visited to support the registered manager with the inspection.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included checks of people's care plans, risk assessment and consent records, staff file checks, medicines check, training, health and safety and Deprivation of Liberty Safeguards. However, the audits did not pick up the issues we found during this inspection. For example, no medicines audit was conducted since the last audit, which would have enabled the responsible member of staff in the absence of the registered manager to have identified the inaccuracies we found in records and the gaps in the MAR chart. The provider's policy for the Handling of Medication clearly stated, 'Regular audits will be carried out to ensure quantities tally and documented on the audit sheet.' This policy had not been strictly followed regarding medicine management. We spoke with the registered manager about this. They agreed they needed to review their audits systems and processes and investigate our findings particularly in relation to medicines. In other areas of audits carried out, action plan was created and met. This is an area which needs improvement.

Although the service had not been originally set up and designed under the Registering the Right Support guidance, they were continuing to develop their practice to meet this guidance and used other best practice to support people. The registered manager had a clear vision for the service to deliver support that allowed people to achieve their chosen goals and lead fulfilling lives. For example, the registered manager obtained possum [an assistive technology] for people. Possum equipment helps people with severe disabilities interact with their environment by performing activities such as switching appliances on and off - lights, TV, radio, iPod as well as answering the telephone, opening and closing curtains and operating a computer. This was obtained after consultations with people. This empowered people, gave them choice and control over their environments, helping them to be independent, safe and lived a quality life. We found there was some positive work which did follow Registering the Right Support principles.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The manager is approachable, she makes her self-available." Another said, "I do find the manager very understanding, I have had problems at service and she has been very kind and supportive." We observed this practice during our inspection.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures. All the service policies and procedures were reviewed in January 2018.

Communication within the service was facilitated through meetings. People who lived in the home had weekly meetings. The minutes of these meetings were produced in an easy read manner, which encouraged people to take part. There were staff handovers after every shift, regular staff meetings and regular management meetings. There were also meetings with the management team and with the provider. At these meetings, any concerns, actions or issues were discussed and addressed.

The registered manager had systems in place to receive people's annual feedback about the service. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the service, staff, health and social care professionals and relatives. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. Comments received from staff included, 'Excellent, good management, management are friendly and approachable, the training is very good, the time and support here is very good and Little Oyster has been my rock over the last 7 months'. There were a number of examples of suggested improvements. Where menu and activity suggestions were made, these were quickly put into effect.

The registered manager was proactive in keeping staff informed on equality and diversity issues. The registered manager discussed wellbeing, equality and diversity issues with the staff team regularly. The registered manager said, "All my staff are from diverse ethnic backgrounds. We also have heterosexuals and homosexuals as staff. We do not discriminate".

The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

It is a legal requirement that a provider's 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 entrance to the service and on their website.

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 The registered manager failed to ensure that medicines were suitably managed. Regulation 12 (1)(2)(g)