

Little Oyster Limited

Little Oyster Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 18 October 2016, and was an unannounced 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 learning disabilities, autism, downs syndrome and limited verbal communication abilities. At the time of our visit, 54 people who lived in the home were between the age of 18 and 65 year.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 21 April 2015, we recommended that the provider seeks and follows the National Institute for Health and Care Excellence NICE guidance on managing medicines in care homes because medicines were not disposed off safely and medicines were not recorded in either medication administration records (MAR) sheet or home's counting sheet when they came in. We also recommended that the provider and registered manager seek advice and guidance from a reputable source, about the user friendly and personalised communication standards. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

During this inspection, we found that medicines were stored, disposed and administered safely. Clear and accurate medicines records were maintained. Staff knew each person well and had a good knowledge of the needs of people who lived at the home.

The home had implemented and encouraged communication with people who use the service through the development of care files that included communication passports, which provided clear descriptions of how people communicate. Communication standard for people in the home such as using pictures, objects and signing with the people with communication impairments that live at Little Oyster had been implemented.

Little Oyster had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles.

Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

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 had access to nutritious food that met their needs. We observed that people freely made their cold and hot drinks when they wanted them. The provider had fitted a new accessible kitchen that promoted people's independence in the home.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Our observation on the day showed that people had a variety of activities. Activities were diverse enough to meet people's needs and the home was responsive to people's activity needs.

People knew how to make a complaint and these were managed in accordance with the provider's policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

Medicines were safely stored, disposed and administered to people.

The registered manager carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. Staff

kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

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

Is the service well-led?

Good ●

The service was well-led.

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

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure in the home. Both management and staff understood their roles and responsibilities.

There were effective systems in place to monitor and improve the quality of the service provided.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was unannounced.

Our inspection team consisted of two inspectors.

Before the inspection, we looked at previous inspection reports 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 decide which areas to focus on during our inspection.

During our inspection, we spoke with six people, three care workers, two cooks, two supervisors, one senior floor manager and registered manager. We also spoke with visiting relatives and healthcare professionals. We contacted other health and social care professionals who provided health and social care services to people after our inspection visit. These included community nurses, doctors, speech and language therapist, local authority care managers and commissioners of services.

During the inspection visit, we reviewed a variety of documents. These included seven people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at six staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

Is the service safe?

Our findings

At our last inspection on 21 April 2015, we found that the provider and registered manager had not always followed the National Institute for Health and Care Excellence NICE guidance on managing medicines in care homes because medicines were not disposed safely and medicines were not recorded in either medication administration records (MAR) sheet or home's counting sheet when they came in. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

We asked people if they felt safe living in the home. One person said, "I feel safe living here. I have been living here for 11 years." Other comments included, "Yes, I'm safe here" and "I like it, the staff are friendly and it feels good".

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained to them. We observed two trained staff members administering people's medicines during the lunchtime medicine round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. During our visit, a visiting pharmacist carried out an audit of the medicine and staff practice. We spoke with the pharmacist who commented that "I have been coming here about a year now. It has been good and the responsible staff for medicines are very organised. They run it very well". This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding

team directly. A member of staff said, "Safeguarding is about protecting people from abuse. I will report to my line manager if I suspect anything". This showed that staff were now knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse.

Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. 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. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice". This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; infection control, electrical items, personal hygiene, administration of medicines and fire. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Evidence of risk assessments being written with people following incidents or changes in circumstances were seen. This meant that staff responded to changing needs by identifying risk previously unknown and acting appropriately to support people to keep safe. Guidance and advice was included in each risk assessment for staff to follow. Such as, who was at risk while undertaking the task if the risk assessment was not followed and why the risk assessment was in place. A falls risk assessment was in place, identifying the risk of the individual falling over and the risk to the person if this happened. Control measures were in place to reduce the risk to the individual. Risk assessment were dated and signed by staff member writing them and signed off by the registered manager too.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

The registered manager told us there was adequate staffing to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. There were 16 staff on duty during the day. The service had six waking night staff and one sleep in staff overnight to meet people's needs at night.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. This meant that people could be confident that they were cared for by staff who were safe to work with them.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. 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.

Is the service effective?

Our findings

One person said, "It is the best home I have been in". Other people said they liked the food and they got plenty to eat. People felt there were enough choices. One person said, "Yes the food is good. I always like it, I had beef bourguignon today".

Relatives said, "The staff keep me informed of anything that happens and I visit regularly" and "My son has improved a lot since moving in about a year ago. He is quite calm now. Staff do contact me regularly".

The registered manager told us that staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Care Certificate' by Skills for Care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received training in a variety of topics, which included health and safety, fire safety, safeguarding, food hygiene, diabetes, deprivation of liberty safeguards (DoLS) and moving and handling people. We reviewed the training plan and found this showed training which included; safeguarding, dignity and respect, infection control, moving and handling and administration of medication along with more specialised such as epilepsy, diabetes and dementia.

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records confirmed that supervision had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role. A member of staff said, "I love it here. I was never given an opportunity where I worked before but here, I have been given an opportunity to develop myself. I am presently doing the NVQ Level 3 in Health and Social Care. In the meantime, I have completed my Care Certificate".

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would

ensure effective delivery of care to people. Records confirmed that supervision and annual appraisals had taken place.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the service were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. People were asked on the day what they wanted to choose from the menu, this meant people were less likely to forget what they had ordered. Photographs were used to support people with making their choice. We saw the photographs on notice boards around the home, reminding people what meals were on the menu that day. People were supported to make cold and hot drinks when they wanted them. The kitchen of the service was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

Care plans were in place to support people with their nutritional and hydration needs. The foods people liked, the foods they should avoid and any special diets were included. Some people required thickener added to their drinks to ensure a safer consistency to prevent choking. The advice from speech and language therapists (SALT) was recorded and their advice followed. The assistance people required to eat or drink was thoroughly recorded, making sure people had the correct support to maintain their health and well-being. Where people required specialist crockery to enable them to eat their meal independently, this was recorded, including photographs of how people would use them. Food and fluid carts were completed by staff for people where there were concerns identified. Such as a risk of malnutrition or dehydration without focussed staff support.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be

managed. People received effective, timely and responsive medical treatment when their health needs changed.

Where people were at risk of developing pressure sores due to their health condition or ability to move freely, assessments were undertaken. This ensured that the risk was identified and a care plan developed to ensure people's care was planned to safeguard the pressure areas at risk.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men and women clinics. People were regularly seen by their treating team. Health appointments were documented in people's care plans and there was evidence that the service worked closely with health and social care professionals to maintain and improve people's health and well-being.

Is the service caring?

Our findings

People said, "I am treated good here. They are my friends and I love it here." and "The staff are good, I like them all".

A relative said, "Absolutely very good here and care is good".

A healthcare professional said, "I think it is a lovely home. The residents are always clean and looked after".

We observed that staff respected people's privacy. All bedrooms doors were closed. For example, when we arrived, we observed that staff were supporting people with personal care in the privacy of their rooms with doors shut. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people. Staff could give examples of how they helped to maintain people's dignity and respect. One member of staff said, "I always ask people before I do anything. When I am administering medicines and people are sitting in the lounge, I always ask if they would prefer to take their medicines in private". Another member of staff said, "We are all very keen on maintaining people's dignity and respect. Doors are always shut, we cover people with towels when supporting them to wash, everything is in private".

Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff were kind, caring and patient in their approach. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people according to their mode of communication in a friendly, sociable manner and not just in relation to what they had to do for them. We found that staff knew the people they were supporting well.

There was a wide mix of care and support needs of people living at Little Oyster. Ranging from people who required 2:1 care with complex health and personal care needs to people who were relatively independent, mobile and in and out of the building. The way people communicated was also wide ranging. Staff adjusted their communication methods frequently to adapt to people's preferred or required communication.

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. Relatives told me they visit as often as possible and keep in touch in between times.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the service.

Is the service responsive?

Our findings

At our last inspection on 21 April 2015, we recommended that the provider and registered manager seek advice and guidance from a reputable source, about the user friendly and personalised communication standards. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "I know how to make a complaint. I have done this before and things got changed.", "I go on activities. I went to Hastings with my girlfriend and two members of staff and I love it." and "I run karaoke on Saturdays and people do come to me."

A relative said, "For our son, it is the best service. He is now doing things in the community which he had never done before. He is getting on well. What he is doing is positive and it is positive for the future."

The home had implemented and encouraged communication with people who use the service through the development of care files that included communication passports, which provided clear descriptions of how people communicate. For example, we found communication passport which were user friendly with pictures in people's files. Communication standard for people who lived at Little Oyster had been implemented. These includes, using pictures, objects and signing with the people with communication impairments. Further, easy to read information had been developed to help people understand their support and healthcare needs. Management now have adequate communication systems in place for people with learning disabilities who might have difficulties in communicating.

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the service. The registered manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This showed that people's needs were assessed in detail to ensure they could be safely supported at the service.

Each person's detailed assessment highlighted their needs leading to a range of care plans being developed. We found from our discussions with staff that the plans met people's needs. We saw evidence that people and their relatives had been involved in making decisions about their care and support and developing their support plans. We reviewed support plans which contained detailed assessments that provided information on how staff should support each person. Changes to the support plans were made whenever people had been seen or assessed by external health professionals. For example, changes to medication in order to manage one person's epilepsy better, this indicated that people received care which was appropriate and met their needs.

A 'daily care plan needs preferences' documented the care and support needed by an individual on a daily

basis, their routine. Each task was detailed and person centred. How to understand what people were saying if they did not communicate verbally was included. For example, what people would do if they did not like a certain food, or if they refused a drink. A well set out 'daily record book' was in place for each person. Staff recorded interactions in these every four hours throughout the day. Night time activity was individual to the person as to the level of intervention required.

Activities took place daily. Staff consulted people and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in the home. Activities included bowling, exercise, music, dancing, going to clubs, karaoke, swimming and bingo. During our visit, people went out to the local MAPS activities centre. MAPS is an activity programme service for people who have physical and or learning disabilities. There was a weekly activities timetable displayed in people's care files and staff confirmed that activities were promoted regularly based on individual's wishes. We found that activities were now person-centred. People were able to express their wishes and choices through their interests. For example, we observed a member of staff asked people upstairs if they would like to join others for activities (Book Club) downstairs in the afternoon after lunch. They said "Yes" and everyone were supported via the lift to the activities downstairs. This example showed that activities were diverse enough to meet people's needs, and the service was always responsive to people's needs.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. For example, when asked 'how would you describe the care and support you receive at Little Oyster?' One person commented, 'Pretty good, always help when I need it'. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure gave information about how long it would take for the provider to respond to complaints. We found that all complaints were responded to within specified timeframe. For example, a complaint logged on 29 September 2016 was investigated and responded to on 03 October 2016 with appropriate reassurance from the registered manager. This showed that people now have confidence in making a complaint and are assured this would be responded to within specified timeframe.

Is the service well-led?

Our findings

At our last inspection on 21 April 2015, we made recommendations about medicine disposal process and lack of effective user friendly communication tool. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

Medicines were being managed safely and they had implemented and encouraged communication with people who use the service through the development of care files that included communication passports, which provided clear descriptions of how people communicate. Communication standard for people who lived at Little Oyster had been improved upon and implemented.

Our discussions with the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Staff consistently spoke well about the registered manager. All the staff we spoke with said the home was well managed. Members of staff commented, "We get support definitely when we need, but we are also given the opportunity to get on with things", "If I had concerns I would definitely go to the manager", "The management team are approachable – definitely, without a doubt", "There is always a manager available to speak to or ask something". "The managers and staff are here to support the team" and "We can talk and approach the manager. There is nothing bad about the managers".

The provider had a clear set value for the home. This stated 'Little Oyster Residential Home Ltd aims to support vulnerable people within the residential home to live with a high degree of independence'. At this inspection, we found that these values had been fully implemented in the service. For example, we observed that activities were person centred with people at the heart of activities. People's wishes and choices were strictly adhered to by staff. The registered manager at Little Oyster was supported by the provider who carried out their monthly audit to support the service and the staff.

The registered manager continually monitored the quality of the service and the experience of people in the service. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. We found that the manager understood the principles of good quality assurance and used these principles to critically review the service. The registered manager had effective systems in place for monitoring the service, which were fully implemented. They completed monthly audits of all aspects of the service, such as medicine, care plans, nutrition and health and safety, risk assessments and personnel files. They used these audits to review the service. Audits routinely identified areas for improvement and the registered manager produced action plans. These clearly detailed what needed to be done and when action had been taken.

Communication within the service was facilitated through monthly meetings such as staff meeting, supervisor's meeting and managers meeting. We looked at minutes of September 2016 meetings and saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates amongst other areas were discussed. Staff told us there was good

communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.