

Modus Care Limited

The Tobias Centre

Inspection report

8 St Margaret's Road
St Marychurch
Torquay
Devon
TQ1 4NW

Tel: 01803312867
Website: www.moduscare.com

Date of inspection visit:
15 April 2016

Date of publication:
06 June 2016

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 Tobias Centre provides accommodation for up to seven people with learning disabilities and autistic spectrum conditions.

This unannounced inspection took place on 15 April 2016. At the time of the inspection there were six people living at the service.

The service was last inspected on 21 January 2014 when it met the requirements that were looked at.

A registered manager was employed 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 2008 and associated Regulations about how the service is run.

Kind and caring staff ensured people received care and support that was responsive to their needs. Staff ensured people's privacy and dignity was respected and all personal care was provided in private. Staff were respectful in their interactions with people. One social care professional contacted us by email and wrote 'I have felt that the care they give our service user is good and it appears that support workers have a genuine fondness for them and work proactively to give them a good quality of life.'

People's care plans gave staff instructions on how their needs were to be met. Staff knew the people living at the home and their needs and preferences well. People were offered choices in all aspects of their lives. People's relatives could be involved in making decisions about care provided by staff, if they chose. One person's relatives told us "[The person] likes it here and that's the main thing".

There were enough staff available to meet people's needs and support people to take part in activities and outings. People were supported to enjoy activities in the community. On the day of our inspection one person was supported by staff to go out with their relative.

People were supported to maintain a healthy balanced diet and had a choice for each meal. Staff knew people's likes and dislikes. Staff ensured people's health care needs were addressed. People were supported to attend dental appointments and received visits from healthcare professionals. People's medicines were stored and managed safely and they received their medicines at the times they were prescribed to be given.

People were protected from the risks of abuse. Staff knew how to recognise and report abuse both within the service and to outside agencies. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff received training that helped them meet people's needs. This included mandatory training such as first aid as well as training more specific to people's needs such as autism. Staff also received regular supervision to support them in their role. Staff told us the registered manager and deputy manager were very open and approachable.

There were effective quality assurance systems in place to monitor care. Regular audits were undertaken to ensure the quality of care was maintained.

Relatives had recently completed a questionnaire about the quality of care provided by the home. We saw that they had made many positive comments. For example one relative wrote 'The people who work with my [X] are very caring and look after them very well'. Another had written '[X] is very well looked after and the staff are wonderful'.

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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Robust recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

Staff ensured people's health care needs were addressed.

People were offered choices in all aspects of their lives.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People's relatives could be involved in making decisions about

care provided by staff, if they chose.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

People were able to go out into the community to participate in activities.

Is the service well-led?

Good ●

The service was well led.

The registered manager was very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor care.

The Tobias Centre

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 was 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 15 April 2016 and was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the registered provider.

During the inspection we met with all the people using the service. We spoke with three support staff, the registered manager and one person's relatives. We also contacted health and social care professionals and the local authority's quality support team.

It was not possible to speak with people about their experiences of the service due to their complex care needs. Therefore we observed the interaction between staff and people living at the home. We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

People living at The Tobias Centre were living with a learning disability. They were provided with a safe environment in which to live, while being supported to be as independent as possible. People were not able to tell us if they felt safe at the home. However, we saw interactions between people and staff that indicated people felt safe. For example, people smiled when staff approached them and were comfortable in their presence.

People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were protected by staff who were confident they would recognise signs of possible abuse. Staff felt that if they reported any signs of abuse, the management would take their concerns seriously and investigate thoroughly. Staff also knew who to contact outside their own organisation if they needed to, for example, the police.

People received their medicines safely and on time. Medicines were stored in a locked cupboard in a locked room. Each person had a Medication Administration Record (MAR) book printed for the month. The MAR books were printed by the registered providers and contained all the details of each person's medicines. The MAR books showed that medicines had been signed in, dated and amounts received recorded appropriately. Medicines no longer in use had been returned to the pharmacy appropriately. The MAR books had been signed after each dose of medicine had been given. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

Where medicine had been prescribed to be administered 'when required' there were clear guidelines as to when the medicines should be administered. This minimised the risk that such medicines would be administered at different times by different staff. Each time medicine had been administered on a 'when required' basis, staff completed a form detailing the circumstances under which the medicine had been given. This was then reviewed by the registered manager to ensure the medicine had been administered appropriately and had been effective.

Risks to people's safety were minimised. People's risks were assessed and plans put in place to minimise and manage any identified risks. Risks included physical aggression, verbal aggression, self-harm and choking. Where one person had been assessed as being at risk of physical aggression, we saw there was information for staff on any matters that might trigger aggression and details of how to manage the aggression should that be necessary. There were occasions when physical intervention was needed to be used. All staff were trained to use safe methods of physical intervention.

On the day of the inspection there were 6 people using the service. The registered manager and nine support staff were on duty. The number of staff varied and depended on how many people were at the service and what they were doing that day. There were usually nine care staff on an early shift and eight staff on the later shift, with always a minimum of seven staff on duty at all times during the day. The registered manager said that no specific tool was used to calculate staffing levels. However, each person had agreed specific staffing support that was tailored to meet their identified needs. This support was arranged in the most effective way to ensure they could participate in their chosen activities. At night two staff were on 'awake' duty and one 'sleeping in'. Staff told us they felt there were enough staff to enable them to meet people's needs.

People were protected because there were arrangements in place to deal with emergencies. There was a business contingency plan and personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire. Staff were trained in first aid so that such help could be given if needed.

All accidents and incidents were recorded and the information sent to the registered provider's head office. The information was then collated and analysed to look for any trends. If any trends were identified the registered manager was notified and measures put in place to minimise the risk of further occurrences. No trends had been identified recently.

Is the service effective?

Our findings

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place, a matrix indicated when updates were needed. Training was provided in a face-to-face environment or on-line for refresher courses. Training included medicines administration, first aid, food hygiene, safeguarding people and infection control. Training also including topics specific to the needs of people, such as autism and positive behaviour management. This ensured staff had the skills to deal with any behaviours that may present challenges to the person or others around them. One person was involved with teaching new staff some simple signs so that they could communicate with them. The registered manager told us that any new staff who were employed with no care experience would have to complete the full care certificate induction. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff received regular supervision and appraisals. This was used as an opportunity to check staff understood their role, had learned from training and were familiar with any changes to people's needs. Staff were also able to discuss any development needs they had. One member of staff told us they were able to request training that may benefit them. Staff told us they were regularly observed by senior staff in order to ensure they were effectively meeting people's needs. Staff meetings were used to remind staff of any changes to people's care needs and to discuss any concerns staff may have.

People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves. Lunch was usually a snack, with the main meal served at evening time. People were able to eat in their own rooms or in the main dining room. One person had been assessed as requiring supervision at all mealtimes due to the risk of choking. Records indicated that this occurred.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs, podiatrists and speech and language therapists. We saw that one person was supported to visit the dentist after cracking a tooth. They were being supported to visit the local hospital to have the tooth removed. One person had been visited by a nutritionist because they had lost weight. They had received nutritional supplements and their food was fortified with full fat milk and cream. Their weight was now stable.

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. One person had been assessed as not having the capacity to make decisions in relation to receiving personal care. Meetings with the person's care manager had determined it was in the person's best interests to receive personal care. Staff were provided with details on how to manage this.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two people had authorised DoLS in place, and applications had been made on behalf of the four other people.

Staff were aware of the principles of the MCA legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff told us about one person who could not tell them what they wanted to eat or drink. Staff said they always showed the person the alternatives and they pointed to their choice.

The home was adapted over three floors to accommodate seven people. Six people lived there at the time of the inspection. Two people had their own flats on the lower ground floor. There was a large kitchen and comfortable shared dining and lounge facilities. Two people had a Supported Withdrawal Area (SWA) on the ground floor. These were areas that people could choose to use on their own or be directed to use by staff if they began to be distressed. One person chose to use the room as a lounge area and spent most of their waking time there. Staff told us that when people had been directed to use the rooms because of their anxiety, they were monitored closely by two staff members.

Is the service caring?

Our findings

We observed positive relationships between staff and all the people we met at the service. There was much fun, laughter and appropriate banter between staff and the people they supported. Staff knew people well, what their needs were and how people liked their needs to be met. Staff were seen supporting people in an easy, unrushed and pleasant manner. Staff carried out their duties in a caring and enthusiastic manner. One person's relatives told us "[The person] likes it here and that's the main thing". Following our inspection we contacted social care professionals involved in people's care. One responded by email and wrote 'I have felt that the care they give our service user is good and it appears that support workers have a genuine fondness for them and work proactively to give them a good quality of life'.

People's privacy was respected. People were able to spend time in their rooms alone. Throughout the inspection we saw and heard people being treated with respect and dignity. For example, staff addressed people by their preferred name, showed physical affection and spoke with respect. People's dignity was upheld. People had been supported with their personal care. All personal care was offered in a discreet manner and provided in private. People looked clean and tidy and wore clothes that were age appropriate and what they liked to wear.

People's care plans gave instructions for staff on how to meet their personal care needs. Not everyone was able to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. Relatives and advocates were involved in planning care when they wished to be. One person's relatives told us they were "Quite happy with everything".

People living at the home had different methods of communication. Staff knew each person's particular method and could understand people's needs and requests. For example, staff understood what people wanted to eat and drink and what they wanted to do.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in a respectful and appropriate language.

People's care plans showed that it was important to many of them to keep in touch with family and friends. People and staff confirmed that people were supported to maintain contact with people that were important to them. Relatives told us they visited regularly and regularly took their relative back to staff with them. During the inspection one person had been supported by staff to go out on a trip with their relative.

Relatives had recently completed a questionnaire about the quality of care provided by the home. We saw that they had made many positive comments. For example one relative wrote 'The people who work with my [X] are very caring and look after them very well'. Another had written '[X] is very well looked after and the staff are wonderful'.

Is the service responsive?

Our findings

All records within the home were maintained electronically. The registered manager told us the company planned to become 'paperless'. This meant that people's care plans were kept on a computer. Staff told us they were told of any changes to people's care needs during handovers. They also said they received an email to tell them of any changes to people's care plans. Care plans were very large documents and contained much detailed information. People also had a 'quick support plan' that contained important information staff needed to know to be able to meet people's needs safely.

People's needs were assessed before and while living at the home and care plans were developed following the assessments. Plans to meet people's needs were well maintained and reviewed regularly. The plans contained comprehensive assessments of people's personal care needs. Social care needs were also well assessed and there were good details on people's interests and hobbies. There were good directions for staff on how to meet people's needs. For example, there were instructions to staff on the support one person needed to maintain their personal hygiene. There were also instructions for staff on the types of activities the person enjoyed such as swimming and shopping.

The registered manager told us they encouraged people to be involved in planning their care as much as possible. They told us everyone was encouraged to contribute in some way. They also said a lot of 'trial and error' was used to find out what people really wanted.

Staff were aware of people's needs and how they wished their needs to be met. This meant people received individualised personal care and support delivered in the way they wished. Staff spoke knowledgeably about people living at the home and gave examples of the support they provided, such as helping one person make choices about their life. Staff also told us about how they helped manage one person's anxieties by following a planned routine. Some people were supported by staff on an individual basis. A member of staff was always there to spend time with the person supporting them with personal care or out on visits and activities.

People took part in regular activities which increased their quality of life. People were supported to take part in community based activities according to their interests and abilities. For example, some people enjoyed swimming and they were supported to attend a local hydrotherapy pool. One person enjoyed trampolining and had been taken regularly to a place where they could safely use a trampoline. During the inspection we heard staff discussing the possibility of obtaining a trampoline for the home. People were also able to cycle if they wished and were able to use the local velopark. People enjoyed outings to local restaurants and shops. Comprehensive risk assessments had been completed for all the activities to ensure people were kept safe.

One person had a hearing impairment and the fire alarm system had been adapted so that lights flashed as well as the alarm sounding. This meant the person would be aware there may be a fire and that staff would be coming to help them. Staff told us this person could not hear them knocking on their door. Staff banged on the floor outside the door so that the person could feel the vibrations and knew someone was at the

door.

The registered manager took note of, and investigated any concerns raised. Records showed that no complaints had been received. People living at the home were not able to raise concerns themselves. However, staff told us they would recognise if people were unhappy about anything and would deal with anything straight away. One healthcare professional wrote in an email 'I haven't had a lot of contact with the Tobias centre recently but past experiences have all been good and I have never had any cause for concern'.

Is the service well-led?

Our findings

The Tobias centre is owned and run by Modus Care Limited. There was a staff management structure in place to maintain the running of the home. There was a registered manager employed by the provider. Staff, relatives and visiting professionals described the registered manager as very open and approachable. Staff told us they felt well supported by the registered and deputy managers. Staff also told us there was an open culture at the service and they could raise any issues with the registered manager and was confident they would deal with them. They said the registered manager was always available and often worked alongside them helping to support people on a day to day basis.

The registered manager was keen to develop and improve the service. They told us they wanted to ensure everyone who lived at the service received the best possible care.

One staff member told us "we're like a family here". Staff told us they were able to make suggestions regarding people's care. For example, one staff member had suggested one person may like to go on local walks rather than always going out in the vehicle. This had been put in place and the person was enjoying their walks.

The Tobias centre had a strong culture of putting the person first whilst providing a safe and responsive service. There was a positive and welcoming atmosphere at the home. We observed strong positive relationships between all the staff and the people who lived at the home.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. For example, people's representatives had been asked to complete a questionnaire and their responses had been collated. There were no negative responses and many were very positive. For example, one person's relatives had written 'We are, in general pleased with the Tobias Centre staff and give them top marks for the help and support staff give us and [X]'. A representative of a person who had been recently admitted had written 'This is very early days but so far the support provided is exceptional'.

The registered provider had carried out a self-audit of the service using the Care Quality Commission's (CQC) Key Lines of Enquiry (KLOE). They had identified any shortfalls and put plans in place to address them. For example, it was identified that not all mental capacity assessments had been completed on the appropriate form and monthly medication audits were not being completed. We saw that these matters had been addressed.

A series of in-house audits were undertaken weekly, including fire alarm checks, water temperatures and housekeeping issues such as checking if rooms had been cleaned.

Records were well maintained and easily accessible. The registered manager told us the registered provider wanted to move to a 'paperless' office. This was to enable records to be more easily updated and accessed as well as reducing the impact on the environment. We saw that staff records and audits were paperless and

were maintained using a computer system.

The registered manager had notified the Care Quality Commission of any significant events which had occurred, in line with their legal responsibilities.