Little Oyster Limited

Little Oyster Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Little Oyster Residential home accommodates up to 64 people across three buildings. The main building is divided into two floors and annex, and there are separate bungalows and flats where people are able to live more independently. The home accommodates people who have learning disabilities, mental health conditions and physical disabilities.

The service was registered before Registering the Right Support was developed. Therefore, the service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Although the size and structure of the service was not in line with the principles of Registering the Right Support, staff tried to deliver care in a person-centred way that offered people choice and control. However the outcomes for people did not fully reflect the principles and values of Registering the Right Support as there was a lack of choice and control for some people.

People's experience of using this service
People were not always supported in a safe way. People's medicines were not managed safely, particularly when people took their medicines away from the home to take in the community. Risk assessments were not always updated when people's needs and risks changed.

People were supported to manage complex medical conditions and to use specialist medical devices as part of their care. Staff had not had their competence to use this equipment appropriately assessed. Not all staff had received the training they needed to perform their roles.

The quality assurance systems in place had not addressed the issues with medicines management and risk assessments found in the home. They had not identified where people's care plans were not up to date, or personalised.

The quality of people's care plans, their experience of activities and the support they received varied across the home. While some people had high quality care plans, told us they were supported with a range of activities and had their needs met, others had a poorer experience.

There were enough staff available to support people, and they had been recruited in a safe way.

When people were involved in incidents actions were taken to ensure they were safe, and allegations of abuse were raised appropriately. However, it was not clear that lessons were shared and applied more

widely to ensure everyone in the home was safe.

People were supported to access healthcare services and to link with other professionals to have their needs met. The service made adjustments to ensure people's communication needs were met.

People's experience of mealtimes and choices varied. While some people were offered choices, and enjoyed their meals, others did not.

People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Although we did see some examples where best practice had not been followed.

People were supported to practice their faith if they wished to do so. Staff were considerate of people's diverse characteristics and ensured there was a welcoming atmosphere for different groups of people. Staff were kind to people in most of their interactions and people told us they liked the staff.

The service ensured information was made available to people in a way that was accessible to them and met the requirements of the Accessible Information Standard.

People knew how to make complaints. There were ambassadors within the service to support people who may lack confidence to make complaints. Complaints were investigated and responded to appropriately.

People were involved in making decisions about the service and were engaged through meetings and questionnaires. People's achievements and independence were celebrated.

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

Rating at last inspection:
The last rating for this service was requires improvement (published 14 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to Safe Care and Treatment, Staffing and Good Governance. This was because medicines and risks were not managed safely, staff had not had the training they needed to perform their roles, and the governance systems had not addressed issues with the quality and safety of the service.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Little Oyster Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors, a specialist advisor who was a learning disabilities nurse, a specialist advisor who was a medicines expert, an assistant inspector, a directorate support coordinator and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service in the form of notifications that had been submitted to us. Notifications are information about events and incidents which providers are required by law to tell us

about. We reviewed the feedback we had received from people, relatives and the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who lived in the home and one relative. We spoke with 10 members of staff including the registered manager, deputy manager, the chef, the activities coordinator, two senior support workers and 4 support workers. 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 reviewed the care files for ten people including care plans, risk assessments and records of care. We reviewed medicines records and information across the home. We reviewed recruitment records for five staff, and supervision and appraisal records for an additional five staff. We reviewed the staff training matrix and competency assessments. We reviewed outcomes records, action plans, meeting records, audits and various other documents relevant to the management of the service.

After the inspection
We received further information from the registered manager and sought clarification and verification of evidence collected during the inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure medicines were managed in a safe way This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

- The systems in place to ensure the safe management of medicines were not operating effectively within the service.
- Staff were supporting people to take medicines which required specialist training to administer. The storage of equipment used to administer medicines was not always safe. We saw a syringe which was used to administer oral medicines was stored on the person's sink. This meant there was a risk of cross-contamination." The storage of medicines was not always safe; staff had recorded that the fridge temperature was too low for an extended period of time, but had not taken action to ensure the temperature was re-set.
- People were supported by staff to manage their diabetes. Records showed staff had been trained in how to respond to diabetic emergencies. However, records showed they had not consistently followed their training. The guidance for staff stated that when a person had very low blood sugar readings an ambulance should be called if the readings had not increased within 45 minutes. Records showed a person had continued low readings for almost an hour and no ambulance was called. This meant staff were not following the guidance in place and put the person at risk of harm.
- Staff were dispensing people's medicines for them to take away from the home if they went out. This was against their own policy. The systems in place did not ensure this secondary dispensing was managed safely. The provider submitted risk assessments about this after the inspection, but these did not explore the risks of the specific medicines people were prescribed, or explore alternatives to secondary dispensing.
- The provider had introduced an electronic recording and auditing system in June 2019. This had helped the registered manager to identify stock control issues. It also alerted the manager to recording issues and administration errors. However, the provider was not yet using the system in a proactive way. The system generated daily reports which showed the manager when there had been supply issues, or a stock discrepancy. This prompted the registered manager to audit the medicines for at least ten people. However, this was a reactive system and meant there was a delay in responding where stocks were missing.

Assessing risk, safety monitoring and management

● Risks faced by people were identified but the plans in place to mitigate risks were not always personalised or up to date.
● While staff knew what steps to take to mitigate risks, this was not consistently documented or updated. For example, one person had started to use a hoist to transfer. The guidance from the occupational therapist was included in the medical professional visit notes, but the risk assessments for mobility, transfers and personal care had not been updated to include the guidance on the use of the hoist. Another person had several incidents of self harm but their self harm risk assessment had not been reviewed or amended.
● To support staff the registered manager had developed example template risk assessments for common risks faced by people, such as sun burn and oral care. Rather than personalising these for each person as the registered manager had intended, staff had simply added people's names and photographs to the example plans, even when they were not relevant to the individual.
● Staff were following risk assessments in relation to people's health conditions that they did not fully understand. Staff were recording people's blood pressure but there was no guidance about what to do if readings were high or low.

The above issues with medicines management and risk assessments are a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were protected from abuse by knowledgeable staff. Staff were confident about how to identify and report different types of abuse. Staff knew the local whistleblowing processes and how to escalate concerns.

● Staff recorded all incidents they observed or were involved with. All incident reports were reviewed by the manager who completed an analysis where an individual had repeated incidents to see if any patterns could be identified.
● Staff were encouraged to complete self reflections after incidents and we saw incidents were discussed at staff meetings to ensure staff considered how to prevent future occurrences.

Staffing and recruitment
● People were supported by staff who had been recruited in a way that ensured they were suitable to work in a care home.
● People told us they thought there were enough staff and they did not have to wait to receive support. One person said, "They [staff] have plenty of time to listen to us and they help me whenever I need help." Another person said, "I don't have to wait."
● The registered manager used a dependency tool to calculate the staffing hours needed to meet people's needs. They told us how they always added additional staff to take into account the physical layout of the building, or to take into account that people may need support to go out for appointment or activities.

Preventing and controlling infection
● We noted some malodour and cluttered storage areas during the inspection but these were addressed immediately by staff.
● Staff had access to appropriate personal protective equipment and followed cleaning schedules to ensure the home was clean.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good . At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

● Training records showed staff had not always had the training they needed to perform their roles. Many of the people living at Little Oyster had learning disabilities or were autistic people. Despite this, 38 out of 75 staff did not have in-date training in how to support people with learning disabilities. Thirty-three of the staff did not have in-date training how to support autistic people. The provider's records showed staff had been booked on these training courses although a small number of staff did not have dates booked. This meant staff were carrying out tasks in areas where their training was out of date.

● Staff were supporting people with complex medical tasks that required additional specialist training to ensure they were completed safely. Records showed staff received external training annually in these techniques. For the insulin training, this included an observed competency assessment by a healthcare professional. However, for the use of feeding pumps and tubes the training records showed only that staff were trained, not that their competence had been assessed and confirmed by a healthcare professional. This meant staff competence to perform their role was not assured for complex tasks they were carrying out. This put people at risk of not being supported adequately as staff did not have the necessary training.

The above issues with training are a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

● Staff received a thorough induction followed by supervision and spoke highly of the support they received. One member of staff told us, "They [other staff] made me feel welcome."

● People who lived in the home were supported to attend the same training as staff. People were proud of the training and certificates they had achieved.

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

● People gave us mixed feedback about the food, and we saw people's mealtime experience varied. People were supported to eat and drink enough to maintain a balanced diet.

● People were involved in planning the menu through regular residents meetings. People were offered a choice of two main meals at lunchtime. However, people did not always understand what the choices meant. For example, on the day of the inspection one of the options was a frittata but people did not always know what this meant. Staff tried to explain it as being "like an omelette" however, we saw several people did not want the frittata when it was served because they did not think it was like an omelette. People had not been shown a picture, or an example plate to help them make their choice. Staff served people the alternative dish instead.

● We saw some people were supported with their meals in a pleasant, calm atmosphere, with staff taking care to ensure they were supported to eat in a considerate and dignified manner.
● However, on the first floor we saw staff did not interact with the people sitting at the tables. Two people sat at tables alone, one facing a wall. Staff served meals and placed them in front of them with no interactions. At one point staff had a loud conversation about the support needs of someone who was not in the room. One of the staff members used disrespectful language saying, "I told him we can't do him now because we're all feeding." The registered manager subsequently held supervisions with all the staff involved to ensure they reflected on their practice and also booked some staff to attend additional training.

The above issues with staff attitude and approach to people is a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the home using a range of recognised tools and assessments. Assessments were introduced in response to changes in people's needs. For example, an oral care assessment had recently been introduced.
● People were supported to identify goals and had plans in place to meet them. Some people had been supported to complete life story work which helped staff get to know people and deliver care that supported their goals and was in line with their preferences.
● However, other care files contained generic information, or lacked key details that would facilitate personalised care. For example, one person's care plan did not refer to their communication board which was essential to avoid incidents of frustration. Other care files contained identical plans for oral healthcare.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access community services and healthcare services as they needed them. However, care plans and risk assessments were not always updated to reflect the advice of external agencies or professionals.
● People told us they were supported to see the doctor if they were unwell. We saw staff made detailed records of the advice from healthcare professionals.
● Staff worked with other local services and agencies. However, we noted that staff were being asked to perform tasks that were outside the current scope of their registration. Some people had nursing care needs and the home is not registered to provide this type of care. The registered manager told us they were clear to other agencies what the limit of their role was, but they continued to receive these requests from local commissioners.

Adapting service, design, decoration to meet people's needs
● The service was registered before the Registering the Right Support (RRS) guidance came into effect. Therefore the service design did not reflect the principles of RRS. This was because the service was large and there were multiple buildings on one site which shared a single staff team.
● People had been supported to personalise their bedrooms. We saw photographs of people and their artwork had been used to decorate the communal areas. During our inspection people had chosen to put up Halloween decorations.
● The hallways were wide and provided sufficient space for people who used wheelchairs to mobilise within the home. There was plenty of space to support people to use moving and handling equipment where this was necessary. The environment was physically adequate to meet people's needs.

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

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had made appropriate applications to the local authority where people's care and support amounted to a deprivation of liberty.
- People's capacity to make complex decisions had been assessed. Some of the assessments reviewed were generic, and did not relate to specific decisions being made. For example, this reflected the lack of choice that was offered to people during meals as described above.
- Despite this, in other cases the service had demonstrated an excellent understanding of the MCA and had ensured staff understood people's right to make unwise or risky decisions. Staff had supported people to understand the risks of refusing care and medicines and there were clear guidelines in place which ensured staff respected these people's choices.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good . At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People's protected characteristics were identified and supported by staff who took steps to ensure people were treated respectfully by staff.
● Care plans showed that people were supported to practice their religious faith. People were supported to attend their place of worship and we saw that people's care plans included specific details of how people wished to be supported in relation to their faith. The registered manager had compiled a directory of different faith groups in the local area, with contact details for everyone who lived in the service.
● During the summer there had been a Little Oyster Pride event which had celebrated sexual and gender equality and diversity. A range of performers had attended and we saw photos of people enjoying an inclusive day. The registered manager told us that following the event one person who lived in the home had felt safe enough to disclose their sexual identity for the first time.
● Staff at Little Oyster were proactive in supporting people to build and sustain their relationships. One person told us how the home had supported them to marry their partner, who they had met while living at Little Oyster.

Supporting people to express their views and be involved in making decisions about their care
● Where people were able to express their views these were clearly reflected in how they were supported day to day. People were involved in making decisions about their care, and the wider home environment.
● People were asked to give feedback about their care, and various aspects of the service through monthly keyworker meetings and reviews. The registered manager devised a different template each month to ensure feedback was sought in a timely manner. For example, people were involved in planning for Halloween and Christmas, and asked for feedback after parties and big events.
● While we saw people were not always offered choices, as described in the effective section of the report, people's ability to make choices was clearly described within their care files. People had communication care plans which described how people expressed themselves and made choices.

Respecting and promoting people's privacy, dignity and independence
● People told us staff protected their dignity when providing care. One person said, "I asked for only [specified gender] to shower me and they do that. Also, they put a towel over my [private areas] before hoisting me for a shower." We saw staff responded quickly to people's requests for support which ensured their dignity was not compromised.
● Care plans contained details of what people could do independently. We saw one care plan contained precise instructions on how to support the person to maintain their independence, and how important it

was for this person to be in control of their support.

● People were supported to have time alone if they wished, and their privacy was respected. We saw staff knocked on people's doors before going in.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good . At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- There was significant variation in the level of personalisation as described in care files which meant not everyone was having their preferences respected.
- Some care plans contained highly detailed descriptions of how people wished to receive care. For example, detailing the order of tasks, and how staff should offer care, as well as details such as products in use, and how people chose their clothing.
- However, other care plans simply stated that people needed "assistance" or "encouragement." Some plans were inconsistent. For example, one care plan described how a person went to a hairdresser but, did not describe how to provide haircare between hairdressing appointments.
- The registered manager expressed frustration that the example care plans they had created to demonstrate good practice had been used as templates. This meant that multiple people had the same care plan for certain care needs, which did not reflect individual needs or preferences.
- The care plans included a section to record people's life history. This had been completed inconsistently across the home. While some had a high level of detail, others simply recorded the date people had moved into the care home. Where people could not communicate their personal history easily, staff had not explored other options to establish people's life story and preferences.

Meeting people's communication needs

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

- People's communication needs were described in their care plans and staff took steps to ensure they facilitated people's communication and choice. However, our mealtime observations described in the Effective domain showed staff did not consistently consider people's communication needs in practice.
- The registered manager had ensured that people's care plans were available in a format that was accessible to them. For example, where people had a visual impairment staff had recorded a reading of their care plan which was available for them to listen to. Other care plans had been translated into different languages for people who could not read English.
- Key policies and documents were available in an easy read format for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave us mixed feedback about the quality of activities and the support they were given to maintain

their relationships.
● Some people told us they were bored, and were not engaged with community based activities. For example, one person said, "They never take me out. I'm stuck here in this room every day."
● Other people told us they were supported with a range of different activities both inside the home and in the community. One person said, "They take me out dog racing, disco and generally keeping me busy. I like watercolour painting and they make sure I do this."
● Records showed people were involved in deciding the in-house activities schedule through residents' meetings. People's records of care showed people were supported with a range of different activities.
● People told us their family members were free to visit them and spend time alone with them whenever they wished. One person said, "My [relative] visits and it can be anytime, doesn't have to be organised, [they] can turn up whenever they want, spend as long as they want and we can have time alone."

Improving care quality in response to complaints or concerns
● There was a clear complaints policy which included details of how to complain and how to escalate concerns if people were not happy with the outcome.
● Records showed complaints were investigated and responded to in line with the policy.
● The service held regular meetings for people who lived in the home. There were named resident ambassadors whose photographs were on display throughout the home. These were people who others could approach in the first instance if they wished to raise a concern but did not feel confident to raise it directly with staff.

End of life care and support
● People were asked about their wishes should they reach the last stage of their life.
● Where people had expressed their views, this was captured. However, it was not clear people were supported to reconsider their views if they had not wished to discuss the issue when the care plan was written.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement . At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager, deputy manager and floor managers completed a range of audits to monitor the quality and safety of the home. However, these were not operating effectively to identify and address issues with the quality and safety of the service.
- The medicines audits were triggered by the electronic system identifying errors. However, as described in the Safe domain, these were reactive and had not identified issues with the supply of medicines. Despite the involvement of a local pharmacist, the provider had not taken steps to mitigate the risks associated with secondary dispensing of medicines.
- The training monitoring had not operated to identify when staff did, or did not have the training they needed. Staff had been booked to complete training when they held valid certificates, but other staff had not had training in key areas when they had worked in the service for many months.
- Reviews and audits of care files had not identified or addressed the inconsistencies identified in the quality of care files. They had not identified where care plans and risk assessments had not been updated when people's needs or support had changed. They had not identified where staff had not amended template examples and used them within people's files.
- The provider completed monthly visits to the home. These did not include any analysis of care records or any actions.
- The registered manager showed us a folder which contained multiple action plans to address individual issues that had been identified by external audits, quality assurance visits, and complaints. This addressed individual issues but did not ensure that where a quality issue was found in one care file, it was not also in other places and appropriately addressed. This meant issues were not appropriately addressed across the whole service.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; working in partnership with others

- The registered manager engaged with local services and networks to ensure they kept up to date with best practice in the area. However, this was not consistently implemented in a way that was effective within the home.
- For example, a pharmacist had completed an audit of medicines management within the home. Before

receiving their report, the home had started to implement changes. However, some of these changes were not appropriate for a care home that does not deliver nursing care. This meant that despite being well intentioned, the changes had not improved care.

● While changes were made for individuals in response to feedback and incidents, these were not generalised to ensure benefits were felt by all people living in the home.

● Records showed staff worked with external healthcare professionals and health organisations in relation to providing care to people. We saw people were supported to attend local colleges and community groups.

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

● The registered manager demonstrated they were committed to person centred values, and various initiatives had been undertaken to support this. However, practice within the home was inconsistent.

● The registered manager supported and encouraged staff to record moments of achievement for people living in the home. This included examples of people doing tasks independently, or activities and outings people had enjoyed. These were kept in folders to help celebrate person centred care and promote good practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

● The registered manager used a range of methods to engage people, staff and other professionals in the development of the service.

● There were regular meetings for people who lived in the home. These were held in different parts of the home so that people did not have to join in a large meeting if they did not wish to. Easy read summaries were provided to help people understand what had happened in the meeting.

● People were asked to complete feedback surveys which were in easy read format. Where people needed additional support to have questions in a different language staff supported these people to give their feedback in their first language. People were positive about the staff and the home.

●Relatives and outside professionals had also been asked to complete a survey. Survey results had been positive about Little Oyster.

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 10 HSCA RA Regulations 2014 Dignity and respect Staff did not always treat people with dignity and respect. Regulation 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a safe way and risk assessments had not been kept up to date. Regulation 12(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not operated effectively to identify and address issues with the quality and safety of the service. Regulation 17(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training they needed to perform their roles. Regulation 18(2)