

Tinkers Hatch Limited

Tinkers Hatch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
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

Tinkers Hatch is a residential care home providing accommodation and personal care to 28 people living with a learning disability. The service can support up to 32 people. There is a main house which provides accommodation for up to 22 people. A separate cottage for five people and two units which each accommodate one person. There was also a day centre which people attended to take part in activities.

People living in the main house were generally older and a number were living with health related conditions such as diabetes or a stroke and some people were living with dementia. People living in the cottage and individual units were younger and able to live more independent lives.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 32 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs visible outside the home, to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The registered manager and provider had good oversight of the service. They had identified areas that needed to improve and develop the service. Work had started to implement these changes. This included involving people in all aspects of improving and developing the service,

Improvements had been made to the activities people engaged with each day. These were more meaningful and reflected what people liked to do. However, further time was needed to fully implement these changes and embed them into everyday practice.

People were supported by staff who treated them with kindness and care. Staff understood people's needs, choices and knew what was important to each person. People were enabled to make their own decisions and choices about the care and support they received.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working each shift to provide the support people needed, at times of their choice.

Risks to people were well managed. Staff understood how to support people safely and risk assessments provided further guidance about individual and environmental risks. People were supported to receive their medicines when they needed them.

Staff received training and support that enabled them to deliver the specific support that people needed. People's health and well-being needs were met. They were supported to see their GP and access healthcare services, in a way that suited them, when they needed to. People were supported to eat and drink a variety of food that they enjoyed and had chosen. Nutritional assessments were followed to ensure people received the support they needed.

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

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Improvements and developments were taking place to ensure the outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 17 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. .

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, improvements were still needed to fully implement and embed the changes into everyday practice.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tinkers Hatch on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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.

Tinkers Hatch

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 an inspector 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

Care Homes

Tinkers Hatch is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The first day of this inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with twelve people who used the service and two visitors about their experience of the care provided. We spoke with eleven members of staff including one of the directors, the registered manager and deputy manager. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

We reviewed a range of records. This included five people's care records, medicine records, two staff files in relation to recruitment and training records. A variety of records relating to the management of the service, including fire safety and maintenance of the home.

After the inspection

We contacted three relatives of people who lived at Tinkers Hatch and three health and social care professionals to ask for their feedback about the service.

We continued to seek clarification from the provider to validate evidence found in relation to the maintenance of the home.

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 now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection not all aspects of medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. A senior staff member had responsibility for managing medicines and was working with other staff to continually improve and develop practice.
- Some staff supported a person, who on occasions, needed an insulin injection to manage their diabetes. Only staff who had been assessed as competent, by another competent staff member, gave the person their insulin.
- Some people were living with epilepsy and experienced seizures and had been prescribed a 'buccal' medicine to be given in case a seizure did not resolve on its own. Buccal medicines are given into the cheek area of a person's mouth. Staff had completed competency assessments to ensure they could do this safely and appropriately.
- Medicine administration records (MAR) were generally well completed. The registered manager told us they were aware, through audit, that staff did not always record when they applied body moisturising creams. Work was ongoing to remind and prompt staff to do this. Creams that had been prescribed for a medical or health reason had been signed when given.
- There were protocols for 'as required' (PRN) medicines such as pain relief or medicines for anxiety. Where medicines had been prescribed for anxiety the PRN protocols included what measures to take before the medicine was given. This included reassurance, time talking with staff and 'a cup of tea.' PRN medicines were given, only if other measures were not effective. This ensured people only received the medicine that was needed. Staff understood why people may need PRN medicines and when to offer them.

Assessing risk, safety monitoring and management

At our last inspection not all risks were managed safely in relation to people's health needs and emergency evacuation procedures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Personal emergency evacuation plans (PEEPs) were now in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Work was ongoing to address issues identified in a recent fire risk assessment. Regular fire checks were completed. Maintenance staff told us opportunities for fire drills were identified, for example, when the fire alarms were set off accidentally. Servicing contracts were in place, these included gas and electrical appliances.
- Systems were in place to ensure people remained safe. Individual risk assessments identified people's risks. These included risks associated with behaviours that may challenge, mobility and skin integrity. Guidance to support people with behaviours that may challenge were clear. It identified potential triggers, how the person may present and how staff should support people during and after these events. This included reassurance and maintaining a consistent approach.
- Staff understood the risks associated with supporting people, and told us how a consistent approach to support people had reduced the number of behaviours that may challenge.

Systems and processes to safeguard people from the risk of abuse

- Not everybody was able to tell us if they felt safe at the home. However, we observed people were comfortable in staff presence. People looked to staff for support and reassurance and approached them if they were worried or had any questions.
- When safeguarding concerns had been identified the provider and registered manager had worked with the local authority to address and resolve issues.
- Staff received safeguarding training and regular updates. They told us what actions they would take to protect people if they believed they were at risk of abuse, harm or discrimination. They told us they would contact the senior staff member on duty or the registered manager. If this was not appropriate they would inform the local authority. As part of their induction staff were given a safeguarding flow-chart. This provided them with all the information they may need to identify and report concerns. This information was also displayed around the home.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met. Staffing numbers varied throughout the day. This helped ensure people received the support they needed at the appropriate time. For example, the registered manager had identified one person may display behaviours that challenge in the early evening. Therefore, an extra staff member worked during this time, to support the person and ensure they had enough to do.
- There had been a number of staff leave since the last inspection. Recruitment had taken place and was ongoing. There had been some reliance on agency staff over the past months. As far as possible, only regular agency staff worked at the home. We spoke with one agency worker who confirmed they had worked at the home on a number of occasions. Another agency staff member had not worked at the service previously and was well supported by regular staff.
- Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories. Checks were made with recruitment agencies to ensure appropriate checks had been made before agency staff worked at the home.

Preventing and controlling infection

- The home was clean and tidy throughout. Staff completed infection control and food hygiene training. Protective Personal Equipment (PPE) such as aprons and gloves were available, and staff used these when providing personal care. There were suitable hand-washing facilities available throughout the home and

staff were seen using these.

- Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment had been booked and regular checks such as water temperatures took place to help ensure people remained protected.

Learning lessons when things go wrong

- Following a safeguarding concern, accident or incident staff were informed of what had happened and what steps had been taken to prevent a reoccurrence. Accidents and incidents were documented and responded to appropriately. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to reduce the risk of something similar happening again.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had the information they needed.

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 requires improvement. At this inspection this key question has now improved to good.

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

At our last inspection the provider was not working within the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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.

- Mental capacity assessments had been completed, these were specific to each decision. For example, some people had listening systems in their bedrooms. These were used for people who were at risk of having a seizure. The sound part of the device was in their bedrooms and the listening part was in an area where staff were. Staff were also able to carry the listening part of the device with them. Mental capacity assessments demonstrated how these decisions had been made in the person's best interest. These included the person, and those who were important to them. Where appropriate, relevant, professionals were involved in the decision.
- DoLS applications had been submitted for people who did not have capacity and were under constant

supervision. Copies of the applications and authorisations were available to staff. The registered manager had good oversight of the applications and authorisations. Some people were subject to conditions on their authorisations. There was information about the conditions in people's care plans and evidence that these were met.

- Staff received mental capacity training and regular updates. They demonstrated a good understanding of mental capacity. Throughout the inspection staff asked people's consent and involved them in any decisions before providing care and support.

Staff support: induction, training, skills and experience

At the last inspection we identified improvements were needed to ensure staff received the training they needed in relation to learning disabilities. At this inspection we found these improvements had been made.

- When staff started work at the service they completed an induction. They were introduced to the day to day running of the home, people and their support needs. Staff who were new to care completed the care certificate which is a nationally agreed award.
- There was an ongoing training program, and this included moving and handling, infection control, mental capacity and DoLS. Staff also received training which included learning disability and autism awareness, epilepsy, diabetes and dementia. Staff told us the training was good. One staff member said, "Training is very good, and it helps you put theory into practice."
- Competency assessments were completed to ensure staff had the knowledge and skills to support people appropriately and safely. This included medicines, moving and handling, insulin and percutaneous endoscopic gastrostomy (PEG) tube feeding. A PEG is a tube passed into a person's stomach by a medical procedure. It is most commonly used to provide a means of feeding or receiving medicines when people are unable to eat or drink. Only staff who had been assessed as competent were able to provide this support.
- There was a training plan which provided the registered manager with an overview of the training staff needed to complete. We saw that not all staff had completed their training and updates. The registered manager was aware of this and told us how they addressed this. For example, one staff member had their probationary period extended as they had not completed all the required training.
- The registered manager told us the training program was being developed to include expert and champion roles. Staff who were designated as champions had undergone specific training to support them in their role. Champions then supported other staff with their learning and development. The registered manager told us staff who had been designated as oral health champions would undertake their training later this month.
- There was a supervision program and staff were well supported. The registered manager told us there was an open door policy and staff could discuss concerns at any time. One staff member said, "It's so nice we can talk to [registered manager] at any time now."

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

At the last inspection we identified improvements were needed to ensure people's needs were met through the design and adaptation of the home. At this inspection we found improvements had been made.

- Improvements had been made to the bathroom and this was now safe and accessible to people. People's bedrooms had been personalised to reflect their own choices and personalities. People in the self-contained units had their own lounge, bedroom and bathroom.
- There was a large lounge and dining areas in the main house and cottage, with seating for people to sit and enjoy each other's company or watch television.
- There was a menu displayed in the dining room and an activity planner displayed in the day centre to inform people what was available each day. There were noticeboards throughout the home which included

photographs of staff and showed who was working each day. There were photo boards of people showing them enjoying themselves with their friends and staff.

- An easy-read complaints policy had been developed and pictorial signage was displayed around the home to help guide people.
- Chair lifts provided level access throughout the home and there was appropriate equipment to support people. This included adapted bathrooms and toilets, and hoists. There was level access to a large and secure garden with a smoking area where people were able to smoke safely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home they were invited to visit, to get to know other people to make sure they would be happy, and their needs could be met. Some people had used respite services or spent time in the day centre before they moved into the home on a permanent basis.
- People's needs, and wishes were regularly reviewed to ensure they were in receipt of appropriate care and their needs were being met. The provision of care and support was in line with current legislation and guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity and nutrition. Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals for example with behavioural support and regular weight records.

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

- People were supported to have enough to eat and drink throughout the day. People told us, "The food is good." Mealtimes were a social occasion, this was especially noticeable in the cottage and day centre. One person was offering others mince pies, they told us they liked them and clearly enjoyed the social aspect of their mealtime. In the main house people sat together in their friendship groups and socialised. A number of people needed support from staff and this was provided.
- People were offered a choice of food at each mealtime. Most people were able to make their own choices and where they needed support this was given. One staff member told us they spoke to one person about the choices on offer. They then put their left hand forward and told the person one choice, they then put their right hand forward and gave the person the second choice. The person was then able to make their choice by touching the relevant hand.
- People ate their meals in the main house or the cottage. At lunch time some people chose to eat their meals in the day centre. In the cottage people made their own breakfast and took turns to decide and provide the evening meal. The registered manager told us during the next year people in the cottage would be supported to choose and make their own lunchtime meals.
- People's nutritional needs were assessed and reviewed. This included monitoring people's weights and a nutritional risk assessment was completed. Where needed, staff monitored and recorded what people had eaten and drunk throughout the day.
- Information about people's dietary needs were available in the kitchen and information was recorded in people's care plans. Staff understood people's dietary preferences and needs, for example if they needed thickener in their drinks and the type of diet. Where people required a specialist diet these were provided appropriately.

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 maintain and improve their physical and mental health. They had access to healthcare professionals when they needed them. This included the doctor, dentist, chiropodist and optician. One person had declined to wear glasses. Staff worked with the person and helped them find a pair in their favourite colour. This person was now happy to wear their glasses.

- People attended healthcare appointments when they were unwell or to maintain their ongoing health conditions, such as diabetes. There was information in people's care plans about their health needs and this included the healthcare professionals that were supporting them.
- Staff worked with health and social care professionals to help achieve the best outcomes for people. One person told us about a forthcoming well-person check they were due to attend. They were clearly pleased that this appointment had been made for them.

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 were treated with kindness and care. They told us they were happy, and staff were kind. Staff knew people well. They understood their daily needs and choices, their interests and how to communicate with them.
- There was a relaxed and happy atmosphere at the home. Staff engaged with people in a positive, friendly and approachable manner. Our inspection took place just after the Christmas and New Year break, and people were clearly delighted to see staff when some of them returned to work. People showed staff their Christmas presents and engaged in conversation about what they had received. Staff took an interest in what people were telling them. We saw staff supporting one person to get one of their Christmas presents working.
- There was a clear bond between people and staff. People looked to staff for reassurance throughout the day. One person was talking to a maintenance staff member who was working in the office. The maintenance staff member was sitting down doing some paperwork, whilst engaging with the person. The person put their hands on the staff members shoulders during the conversation, both were clearly comfortable, and the gesture demonstrated a genuine friendship between the two.
- Staff demonstrated a kind and compassionate approach to people. They told us the home had been through some changes in the last year and some of these had been difficult. One staff member said, "It's not been easy, at times I thought I would have to leave but I thought about these people, that's what kept me here and I'm glad I did. These people are like my family." This sentiment was shared by a number of staff.

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

- People were supported to make decisions about what they did each day. Staff listened to people, understood how they communicated decisions and valued their opinions. One person spent a lot of time in bed and staff supported this person to decide if they wanted to get up each day.
- Staff included people in conversations and supported them to express their views. We heard staff talking to people about the activities that were happening each day. They reminded people what was happening and at what time and supported them to attend.
- People's relatives were encouraged to be involved in supporting them with decisions about their care and support needs. One person's relative told us, "They take into account everything [name] wants, both in the house and outside." Another relative told us they were able to visit at any time, and were always made to feel very welcome.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of how people's behaviour may impact on their own dignity. We heard people speaking loudly about personal aspects of their health and care. Staff acknowledged what they were saying and then encouraged them to speak about it in a more discreet manner.
- Some people chose to spend time in their own rooms and this was respected. Staff checked on people regularly to make sure they did not need any support.
- People were supported by staff to take pride in, and maintain, their appearance in a way that supported their own preferences. We heard staff complimenting people on what they were wearing and their appearance.
- Some people received one to one support, staff told us one person did not always enjoy spending their one to one time with the same staff member. They also liked to spend time on their own during this time. Therefore, staff shared the one to one support hours, they were always available if the person needed them or if for example the person presented behaviours that may challenge. This enabled the person to retain their independence and remain supported.

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 requires improvement. At this inspection this key question remained the same.

This meant people's needs were not always met.

At the last inspection we asked the provider to make improvements to ensure people's needs were consistently person-centred. At this inspection we found some improvements had been made. However, further improvements were needed to fully embed the changes into everyday practice.

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

- At the last inspection we identified that activities had not been developed to promote and develop people's individual skills, independence and interests. They did not support people to identify individual aspirations or goals.
- At this inspection the registered manager and staff had started to develop an activities program that was meaningful and reflected people's interests and hobbies. There was a day centre on site and there was an activity program in the day centre. A number of people who lived in the main house did not attend the day centre were older people, some of whom were living with health conditions and/or dementia. There was limited evidence that they were given the opportunity to engage in meaningful activities each day. Consideration was needed that they may not wish to take part in a busy activity program and individual or smaller group activities needed to be developed for these people.
- The registered manager was aware this needed to be improved and some changes had been made. For example, a reading group had started where a staff member read a book with people. These were books that people had chosen and enjoyed. During the inspection we saw people, who did not attend the day centre, watching a film and enjoying a manicure.
- Individual goals had not yet been developed and individual activity plans were not in place to guide staff. The registered manager told us informal conversations were taking place to identify what people would like to do and develop individual goals. This work was ongoing and needed further time to develop and embed.
- People told us they enjoyed their activities. One person told us how much they enjoyed horse riding which they did regularly. One afternoon people spent time enjoying their Christmas presents. This involved a number of people being supported to complete jigsaw puzzles they had received as presents. People clearly enjoyed doing this and celebrated their successes with staff.
- People who were supported to maintain their own interests and hobbies. Some people enjoyed swimming and we were told how a number of different swimming pools were used to ensure they were suitable for each person. For example, some people preferred a quieter less sensory environment. Other people enjoyed activities around the home. One person had taken responsibility for collecting recycling and another person was supported to fill the bird feeders.
- Development to activities was ongoing to ensure they were meaningful. Staff thought about how activities

that people enjoyed benefitted them. One staff member told us that people enjoyed playing bingo which reinforced people's number skills. One person enjoyed developing games. Staff worked with them to ensure that everybody could participate in the games. Staff explained how they had adapted one game and as a result, a person who was less physically able had won the game. This demonstrated the adaptations had been successful.

- People and staff had developed an 'ideas' group and they worked together to introduce new activities that people enjoyed. As a result a transport group had evolved and people had enjoyed visits to various transport sites and a future trip was being planned to visit a local airport.

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

- Improvements had been made to ensure people received support that was person-centred. It met people's individual needs and reflected their choices and interests. Staff worked with people and their families to get to know people and what was important to them.
- Staff knew people well. They were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs appropriately for example, when they displayed behaviours that may challenge. They understood how to support people to reduce the risk of behaviours escalating. This included, identifying triggers and distracting the person. For example, not challenging the person but redirecting them and ensuring they had something to do.
- Some people needed support with their physical care and this was provided appropriately. Staff changed people's positions regularly to ensure any pressure damage was prevented. People's health needs were met. Staff had a good understanding of how to support people living with seizures and care plans contained detailed guidance for staff to follow.

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 had been assessed. Care plans included information about how to support each person to communicate. It also included information about whether the person could respond with yes or no answers. There was also information for example, if they needed to wear glasses or hearing aids. One person's care plan stated they had hearing aids but did not wear them.
- Some people who were less able, to communicate verbally were supported to communicate using Makaton, or an adapted form of Makaton. This is a language programme which uses signs and symbols to help people to communicate. Although some pictorial support was available most people preferred to communicate verbally. Therefore, if people needed information explained to them staff would do this for them.
- Staff understood how to communicate with each person, using the person's preferred method and by understanding the person. Staff told us these communication relationships developed over time. We identified that although staff could communicate well with people when supporting them they were less confident to engage in casual conversations. The registered manager was aware of this and told us this was an area they were looking to improve.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was available in easy-read format for people if they needed it. The complaints procedure was explained to people and staff encouraged them to discuss any concerns.

- People and relatives told us they had no concerns or complaints at this time. People told us they would tell the staff or their relatives if they had any concerns or worries. One relative told us about concerns they had raised during the past year. They told us these had been addressed appropriately and the directors had met with them. They told us the issues were now resolved.

End of life care and support

- As far as possible people would be supported to end their days at Tinkers Hatch as long as all of their physical and emotional needs could be met.
- The registered manager told us that people's end of life needs were considered and developed as needed. However, people who were not currently living with poor physical health and their families did not generally wish to discuss end of life care. For some people who were frailer end of life information was in place.
- There was information in people's care plans about the person's next of kin and who to contact if the person became unwell.

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 is the third time the service has been rated as requires improvement.

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

At our last inspection the provider was not working within the principles of the Mental Capacity Act 2005. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were needed to fully implement the changes and fully embed into everyday practice.

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

- There had been significant changes at Tinkers Hatch since the last inspection. There was a new registered manager, they had previously worked at the home in a deputy manager role and was aware of the improvements and changes that were needed. Although some changes had taken place after the last inspection, the majority of changes had not started until June 2019. This meant there had not been time to fully implement what was needed and embed other changes fully into everyday practice. One staff member told us, "The amount of knowledge produced in the last six months is amazing I didn't know I had it in me."
- The registered manager was aware of the work that was still needed, and this was ongoing. She told us that it had not been possible to make all the required changes, this was partially due to building a new staff team.
- Improvements were needed to some people's care plans to ensure they all included detailed guidance for staff to follow. This included developing individual goals and activity plans. Some people had a care passport which they took if they needed to go into hospital or see their GP. Health and care passports are communication booklets which provide important information about the person and provide healthcare staff with straightforward guidance about supporting the person. Further time was needed to implement these for everybody.
- A computerised care planning system had been introduced, the registered manager told us changes were needed because it did not always help meet the needs of people living with a learning disability. For example, there was no evidence that people were involved in the care planning system. It was also difficult to identify what activities people had engaged in each day. The registered manager and staff were looking at ways of adapting the system to better reflect people's needs. They were taking their time to ensure any

changes made would be beneficial to people and staff.

- At the last inspection consideration had not been given to Registering the Right Support guidance. At this inspection some changes had been made. For example, two people lived in a self-contained unit. Previously two people had shared one unit. One person had moved to the main house and told us they were very happy to have done this. Each unit had a bedroom and bathroom and now had a lounge and kitchen area. The kitchen area was appropriate for each individual's needs.
- Six people lived in the cottage and were being supported to improve and develop their independence. They currently prepared their own breakfast and evening meals and plans were in place for them to develop their own menus and plan, prepare and cook their own lunchtime meals. This was due to start in February 2020.
- The registered manager and directors were aware improvements were needed to further develop the home and ensure it reflected Registering the Right Support guidance. However, this would take time to consider the improvements and changes needed and ensure this had minimal impact on people.

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

- Improvements were needed to ensure people and relatives were given opportunities to provide feedback and be involved in developing the service. Work had started to address this. People were involved in developing activities through the ideas group and further opportunities were being developed and introduced. The registered manager told us there were ongoing discussions with people and staff about developing The Cottage and involving people in planning their own lunchtime meals.
- There were plans to develop the 'Family and Friends' group. People would work with family and friends introduce new ideas and gain feedback about the service. People were given regular opportunities to discuss their support needs and what they would like to do. However, this was not always recorded.
- The registered manager told us there were a lot of meetings with people and staff. However, these were often informal and through day to day conversations. The registered manager told us it had been important to build people, relatives and staff confidence in the service and these conversations took place when they were needed.
- Although the home was in a rural setting people were given opportunities to take part in activities away from the home. There was transport available for people to go out with staff when they wished to.

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

- At the last inspection we asked the provider to make improvements to the culture at the home. At this inspection we found improvements had been made and there was a positive happy culture. The registered manager had an open door policy and staff were able to speak with them or the deputy manager at any time. The directors regularly visited the home and staff told us they were able to speak with them at any time.
- Staff went out of their way to tell us about how the culture had changed. One staff member said, "It's improved 100%. Staff were very miserable and now it's a very happy staff team. There's always someone to listen, talk it through and come back with an answer." A relative told us, "The atmosphere has changed for people and staff since [registered manager] took over. It's not only gone back to where they were it's got even better."

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 registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

- The registered manager acted openly and honestly when dealing with safeguarding, incidents, accidents and complaints within the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager continually updated their skills and knowledge by attending training, meetings and forums. They used these opportunities to meet other registered managers to share ideas and discuss concerns. Learning and ideas from the forums was shared with staff to improve and develop the service. The registered manager and other staff had attended national conferences and shows to look at new ideas and innovations. As a result, they had identified and introduced a new medicine system.
- Audits were being developed to identify areas to be improved. Each audit looking at different areas to identify shortfalls and areas for improvement in a timely way. Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event reoccurring. This information was shared with staff to ensure learning and improvements had taken place.
- The registered manager and staff worked in partnership with other services, this included the district nurses, local GP's and the community learning disability team. The registered manager and staff also engaged with the local authority to develop the service.