

Little Oyster Limited

# Little Oyster Residential Home

## Inspection report

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Date of inspection visit: 21 April 2015  
Date of publication: 18/06/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 21 April 2015, it was unannounced.

Little Oyster Residential Home is a privately owned care home providing accommodation, personal care and support for up to 64 people with diverse and complex

needs such as learning disabilities, autism, downs syndrome and limited verbal communication abilities . At the time of our visit, 54 people who lived in the home were between the age of 18 and 65 year..

At our last inspection on 22 May 2014, we found that the provider was in breach of regulations relating to consent to care and treatment, safeguarding people from abuse, cleanliness and infection control, management of

# Summary of findings

medicines, supporting workers, assessing and monitoring the quality of service provision and records. We requested the provider submit an action plan on how and when they planned to improve the service. The provider submitted an action plan to show how they planned to improve the service by December 2014. Following our inspection of 22 May 2014, Little Oysters management team was restructured and a new manager was recruited in September 2014.

The new manager was the registered manager at the home and was going through the process of registration with CQC at the time of our inspection. The registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Medicines were not disposed off safely. Medicines were not recorded in either medication administration records (MAR) sheet or home's counting sheet when they came in. This meant that medicine were not safely audited and disposed of in the home, which could lead to medicine administration error to people who lived in the home. We have made a recommendation about this.

There were no specialist methods of communication for people. Easy to read information had not been developed for people to understand documentation such as the complaints procedure. The management and staff did not have adequate communication systems in place for people with learning disabilities who might have difficulties in communicating. We have made a recommendation about this.

The provider had ensured the quality of care had improved since our previous inspection. The new registered manager had created a strong staff team, committed to providing personalised care, in line with people's needs and preferences. People living at the home and their visitors were complimentary about the quality of care.

People told us they felt safe. There were systems in place to protect people from abuse. The staff were aware of their roles and responsibilities in relation to protecting

people from abuse. Relatives felt people were safe in the home and indicated that if they had any concerns they were confident these would be quickly addressed by the registered manager.

Staff were friendly, kind and compassionate, treating people with respect and dignity. People's safety was promoted through individualised risk assessments and safe medicines administration. Arrangements were in place to check safe care and treatment procedures were undertaken to improve the quality of care provision.

Staff recruitment processes were robust. There were sufficient staff deployed to provide care and treatment and staff understood their roles and responsibilities to provide care in the way people wished. They were responsive to people's specific needs and tailored care for each individual. Staff worked well as a team and were supported to develop their skills and acquire further qualifications.

Staff helped people to maintain their health and wellbeing by providing practical support. Staff were trained to deliver effective care, and followed advice from specialists and other professionals. This included training in caring for people with specific health conditions.

People's health needs were looked after, and medical advice and treatment was sought promptly. Any concerns about people's health were escalated appropriately to the GP.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Acts protect the human rights of people by ensuring that if there are any restrictions on a person's freedom and

liberty, they have been appropriately assessed. Staff showed they had an understanding of the MCA 2005 and DoLS legislation.

People were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available.

People told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

# Summary of findings

The provider had management systems to assess and monitor the quality of the home provided. This included

gathering feedback from people, their relatives and health care professionals. However, these were not always effective in identifying areas that needed improvement that we noted during our inspection.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were stored and given to people appropriately. However, some medicines were not recorded and disposed of correctly.

The provider had taken reasonable steps to protect people from abuse.

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

People's risk assessments were fully reflective of their needs and were reviewed regularly.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff supervisions and appraisals were up to date. Staff were supported to undertake further personal development training to enhance the care that was provided.

Arrangements were in place that ensured people received a healthy balanced diet.

Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and had a good understanding of the protection of people's human rights.

**Good**



### Is the service caring?

The service was caring.

Staff were kind and caring in their approach and supported people in a calm and relaxed manner.

People were consulted about their care and involved in the planning.

People's privacy and dignity was respected.

**Good**



### Is the service responsive?

The service was not always responsive.

Easy to read information had not been developed to help people understand their support and healthcare needs.

People's needs were assessed with them before they moved to the home, to make sure that staff could meet their needs.

People were knowledgeable about people's activities and supported them to take part in activities of their choice.

**Requires improvement**



# Summary of findings

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

## Is the service well-led?

The service was not always well led.

Quality assurance processes were in place to monitor the home so people received a good quality service but they were not effective in identifying all areas for improvement that we found.

People were happy with the quality of the service they received.

The registered manager demonstrated an open and transparent culture in the home. People felt listened to and supported.

**Requires improvement**



# Little Oyster Residential Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 21 April 2015, it was unannounced. The inspection team consisted of one inspector and one expert-by-experience who carried out interviews with people and staff, which is how we obtained people's views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of learning disabilities services and supporting family and friends with their health care.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about

important events which the service is required to send us by law. The inspection was planned in response to on going concerns about the home, therefore a Provider Information Return (PIR) was not completed. This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We gathered this key information during the inspection process.

We spoke with six people, four members of staff, one head of care, the deputy manager and the registered manager. We also contacted health and social care professionals who provided services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at four people's care records. We looked at five staff recruitment records, a sample of audits, customer satisfaction surveys, staff rosters, minutes of meetings and policies and procedures. We looked around the home and the outside spaces available to people.

# Is the service safe?

## Our findings

At our last inspection on the 22 May 2014, we found people were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People were not protected from the risk of infection because appropriate guidance had not been followed. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The provider wrote to us saying they would take action to meet the regulations by December 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People who could tell us told us they felt safe living at the home. They said, “I love it here as there are more hands-on care compared with the previous place I was at” and “I am very clear who to speak to if I feel unsafe or unsure. I can speak with the supervisor, deputy manager or the manager”. A visiting relative said, “I feel my relative is safe here. He always wanted to return after 2 - 3 days at home with us and this is a positive indicator”.

The home had safeguarding policies and procedures in place. These gave guidance to staff on what to do if concerns were raised about a person's safety, or if they were told about an event that had happened. The policy linked directly to the local authority safeguarding policy, protocols and guidance. The provider had followed safeguarding procedures where allegations had been made and had notified the local authority and the Care Quality Commission (CQC).

Staff had a good understanding of safeguarding issues and had to complete a computer based safeguarding training programme as part of their induction training and on-going refresher training. Members of staff knew how to report abuse and were aware of the whistle blowing policy. They all said they were confident to raise any concerns with the registered manager or with the local authority or the Commission if necessary. One member of staff said, “I would report any concerns to the manager”. Staff told us that they had completed safeguarding adults training. The staff training records showed that all staff had attended safeguarding adults training within the last two years. Staff had received appropriate training and they knew how to recognise and protect people from abuse.

We looked at staff rosters for two weeks, which included the week we visited. These showed people were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people's needs. People told us there were sufficient staff to support their daily needs. One person told us; “I go out with [name] a lot now”. The registered manager confirmed they had never needed to use agency support. However, they had a contingency plan in place with a local agency to provide staff in the event of an emergency. Staff were not rushed and acted promptly to support people's needs. Our observation and discussion with the registered manager showed that staff were deployed based on an analysis of the levels of support people needed to meet their needs. The roster showed how people received their funded additional support hours, such as one to one or two to one support. This showed that there were suitable numbers of staff to care for people safely and meet their needs.

The provider operated safe recruitment procedures. Staff files included completed application forms, which detailed staff members' educational and work histories. Staff had been interviewed as part of the recruitment process and interview records confirmed this. There was a system in place to make sure staff were not able to work for the home until the necessary checks had been received to confirm that they were safe to work with people. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation as appropriate and suitable references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people. Staff files contained copies of their passports to confirm their identities. These processes ensured that the home employed suitable staff to care for people.

Medicines were stored and administered safely. The home used a monitored dosage system with names, medicine details and details of each person with their photograph. This ensured that medicines were handled and given to people safely. However, medicines were not disposed off safely. For example, we found out of date prescribed nutritional drinks with expiry dates of 03 and 07 April 2015, inside medicine cabinets. We found a pack of paracetamol not recorded in either medication administration records

## Is the service safe?

(MAR) sheet or home's counting sheet when they came in. Medicines were not safely audited and disposed of appropriately, which could lead to errors being made and people being at risk of not receiving their medicine safely.

**We recommend that the provider seeks and follows the National Institute for Health and Care Excellence NICE guidance on managing medicines in care homes.**

Staff were trained to administer medication and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person. MAR sheets showed that people received these medicines at the right times. The system of MAR sheet records which was in use allowed us to check medicines, which showed that medicines had been administered and signed for correctly by the staff on shift. Medicines were available to administer to people as prescribed by their doctor.

There were risk assessments for each person. Risks to people's safety were assessed and plans were put in place to support people in a way that protected their health and welfare. The assessment considered a range of areas relating to each person such as care, infection control, financial, physical health and current medicines they had been prescribed. Where risks were identified, steps were put in place to minimise them. People had a detailed support plan which highlighted risks to their safety and provided staff with guidance on how to support them to manage these. Risk assessments recognised risks but balanced these with people's rights to choice and independence. As a result people were supported to take risks as part of living a more independent lifestyle. During our discussions with staff we found they had a good knowledge about people's needs and how to support people safely. For example, people who were assessed as unable to manage their finances, were supported by management and staff appropriately according to their wishes.

Effective systems were in place to reduce the risk and spread of infection. There were infection control procedures in place and for the cleaning of the home. Standards within the home were monitored through cleaning audits which showed that cleaning tasks were undertaken on a regular basis. The bathrooms, toilets, laundry rooms, corridors and lounge areas were clean. Staff used personal protective equipment such as gloves. Liquid soap and hand gels were provided in communal toilets, the kitchen and the laundry room. There were foot operated pedal bins used in all toilets, bathrooms and kitchen. Staff followed the code of practice on infection control, to reduce the risk of any infection in the home.

The home had an infection control policy covering areas such as hand washing, use of protective clothing and reporting procedure. Staff training records showed that all staff had completed training in infection control and control of substances hazardous to health (COSHH). This would enable them to ensure people were not placed at risk of infection or risk from any hazardous substances used such as cleaning products. Hand wash pictorial guide were displayed above sinks in the home, that informed people of good practice in infection control, for example in relation to hand washing and food preparation hygiene.

Staff knew what to do in an emergency situation and how to keep people safe. They told us that the manager was always contactable in an emergency situation if they needed help or support. Arrangements were in place to service equipment including electrical and fire equipment. Hazards to the safety of people and staff had been identified as part of a safe working practice risk assessment. Risks associated with people's care and support in relation to their environment were managed appropriately. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises were managed to a high standard to help maintain people's safety.



# Is the service effective?

## Our findings

At our last inspection, on 22 May 2014, we found that before people received any care or treatment they had not always been asked for their consent and the provider had not always acted in accordance with their wishes. People were cared for by staff that were not fully supported to deliver care and treatment safely and to an appropriate standard. The provider wrote to us saying they would take action to meet the regulations by December 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, “The food has improved under new management”, “There are now themed nights such as the curry night” and “There is a fruit bowl in the dining room and it has my favourite Satsuma. I like it”. A member of staff said, “It is more relaxed and more user friendly under new management. People have more opportunities, which is good”.

Discussions with staff and training records confirmed that staff had been provided with the training they needed to carry out their role effectively. Staff told us they felt well supported, trained and sufficiently experienced to meet the needs of the people and to carry out all of their roles and responsibilities effectively. Staff had undergone an in house induction programme when they started work in the home and staff undertook additional training courses to develop their skills and knowledge. For example, the Health and Social Care (HSC) qualification levels 2 and 3. HSC are work based awards that are achieved through assessment and training. To achieve an HSC, candidates must prove that they have the ability and competence to carry out their job to the required standard.

The registered manager had recently introduced Skills for Care’s National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training on a monthly basis. This helps authorities to plan resources for the local workforce and commissioning services. This also enabled the registered manager to refer to the data and employ trained, knowledgeable and skilled staff in order to meet people’s needs. Staff had undergone annual training in topics such as equality and diversity, care planning, risk assessment, medication management, challenging

behaviour, mental health, autism awareness and safeguarding amongst others. Better understanding of autism by staff through these training helped people to get timely and appropriate support. Staff made adjustments in their work, planning and communication with people, so that services provided can be more accessible and personalised. This meant that people would be assured of being cared for by competent staff.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff also underwent an annual appraisal of their work with their line manager. Staff told us that they had the opportunity to attend team meetings on a regular basis. These support systems provide staff with opportunities to explore their practice, to develop as workers and to communicate important information about their roles and responsibilities.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff understood and were able to describe how they gained and acted in accordance with people’s consent. We observed staff obtaining people’s consent before providing support. For example, staff asked one person if they would like to go shopping and the person agreed to go out shopping with staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were procedures in place and guidance relating to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for people who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications were being made and evidenced, the correct processes had been followed. Health and social care professionals and family had been appropriately involved and care records informed staff of people’s current legal status.

People had regular appointments with health professionals such as psychiatrists, psychologists, dentists, district nurses and opticians. Referrals were made quickly to relevant health services when people’s needs changed. Prompt

## Is the service effective?

actions were also taken and the advice of health care professionals was followed when people needed support with their health care needs. District nursing staff were involved in the care of people, which assisted staff to meet people's needs.

Staff demonstrated that they had the skills and knowledge required to meet people's individual needs. For example, staff confidently described what people's needs were and the part they played in delivering the care that had been planned to meet these needs. They were aware of people with specific monitoring needs such as behaviours that challenged. Staff understood how to deliver care where people required additional assistance such as support to attend their health care appointment. Staff told us that they knew people's care needs well. One staff member told us, "We have vast experience as a staff team some of us have worked with the people living here for a long time. We know their care needs well". People with more complex health needs were known to staff so that their health and wellbeing was planned for and delivered effectively.

Records of the care provided were kept. Speech and language teams (SALT) and community learning disability

teams had been involved in people's care. A healthcare professional told us that the management and staff do make referrals. People were supported to maintain a healthy balanced diet. Staff knew people's food preferences and timed meals around people's individual daily routines. People had a care plan which detailed the support they required to maintain a healthy balanced diet. People's strengths and needs for managing their own diet were documented in their care plan. Care plans highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced where staff had sought advice and liaised with a speech and language therapist (SALT). Staff had recorded a change in a person's eating skills. An assessment had taken place and a soft diet had been advised to minimise the risk of the person choking. We observed this practice during the lunch time period. Staff adhered to advice given by the SALT and supported people in line with their current needs. This showed that people's nutritional needs were being met. Pictures based menu were used to involve people to make choices around their care, support, activities and menu choices.

# Is the service caring?

## Our findings

People were well cared for and received good support from staff. They said, “I had a good haircut and I like it” and “I am in a good place now and I can get out into the fresh air and even justify my transport allowance as I spend more time out than indoors”. Relatives said, “People’s needs are met as much as they can be” and “The care is good, more stimulation is the key, which they now have”.

The culture of the home has changed since our last inspection. We found that it was person centred. ‘Person centred’ means that people’s individual needs, wishes and preferences are at the centre of how the service is delivered. We found that support was tailored to meet people’s individual needs. For example the member of staff sensitively supported a person to make a choice of what they wanted for breakfast. This was done in a way the supported their needs and as stated in the care plan, which gave them time to choose. During discussions with staff they told us the provider was clear that the ethos of the home was around providing person centred care and support. Staff told us the provider had made them aware of the standards of care and support they were expected to deliver when they commenced their employment.

People received care and support from staff who understood their history and knew their likes and dislikes. Staff used people’s personal histories to help ensure people’s past preferences informed decisions made about current day to day choices. For example, some people were not able to make certain decisions for themselves. Staff used their knowledge of people’s past to make decisions in people’s best interests. This included what colour of clothes people wore or what colour of décor was used within the home.

The staff team consisted of a small number of established members of staff. People were therefore supported by staff who knew their communication skills and abilities. Staff devoted their time to people and showed concern for their wellbeing. Meaningful caring interactions took place between people and staff. Staff had an in-depth knowledge of people and responded quickly to people’s needs. For example, staff had researched and purchased items to help ensure they

were prepared for people’s change in needs before they happened, such as the purchase of an electric wheelchair

to enable easy access while in the community. The registered manager explained this meant people would be supported to continue doing things which were important to them, with little or no disruption to their chosen daily routine. A staff member said, “We are always thinking ahead and thinking how we can do things better”. Staff spoke in a complimentary and caring way about people. Comments included “That person is so lovely she has such a great personality” and “When I am on holiday, I genuinely miss seeing everyone” and “We all get on really well”.

During the course of the inspection we saw that staff interacted with the people they supported with warmth and respect. People looked comfortable and relaxed around staff and enjoyed friendly banter with them. People’s diversity and values were respected. Staff described in detail how they respected people’s individuality. People were supported to continue with their previous interests and maintain contact with friends and family.

Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing. Staff told us they listened to people and respected their wishes and choices. People told us and confirmed they did. One person said “Yes, If I tell them something they listen”. Another person told us “The staff ask me everything”. Staff told us they enjoyed their work and took pride in providing a good quality service.

Staff used terms such as ‘support’ and ‘independence’ when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people’s independence.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity. For example, staff made sure that doors were closed when personal care was given and knocked on people’s doors before entering.

People’s bedrooms were personalised with their own belongings, such as books, ornaments, photographs and pictures. The communal areas of dining room and lounge were comfortably furnished. Care plans showed that people and their relatives had been consulted and involved in planning how they wanted their rooms decorated.

## Is the service caring?

Relatives were aware they could visit at any time. They told us there were no restrictions on visiting and they were always made welcome. For example, one person was

visited by their relative. They enjoyed private time and discussion with their relative. The visitor told us “I come when I want to visit my relative and sometimes take her out”.

# Is the service responsive?

## Our findings

Some people were able to tell us how they were involved in the planning of their support and what they wished to achieve. One person told us; “I went to London on Saturday unlike last management when I could not go out to where I like” and “If you have been here years ago, you would have not got anything out of me. The new manager has allowed me to express myself and I feel really involved in my care and support”. People’s care records were maintained accurately and completely to ensure full information was available to guide both staff and people to meet their goals.

People’s support needs were assessed before they came into the service. Assessments were undertaken by people’s social workers and wider professional teams such as a psychologist and other medical professionals. The service also undertook their own detailed assessment that would include the person coming to visit the home to see if their needs were compatible with others already living in the home. The registered manager said, “We never rush any assessment of a new person as it’s important that they like the home and can live with people that are already here. It is also important for us to meet their needs”. Assessments were reviewed by the registered manager and staff and care plans had been updated as people’s needs changed. Staff used daily notes to record and monitor how people were from day to day and the care and treatment people received. Care plans were individualised and designed to meet each person’s needs after their initial assessment. These care plans ensured staff knew how to manage specific health conditions and care needs, for example autism spectrum disorder and challenging behaviour. People’s care files showed that people who were important to them had been fully involved in the assessment and care planning process.

People’s care plans were individualised and included details about the people’s preferences and choices. We found that other records such as daily reports, were written in a sensitive way that indicated that people’s individual needs and choices were respected and that staff cared about people’s wellbeing. Each person was involved in regular review of their care plan, which included updating assessments as needed. Care plans were reflective of the care observed during the inspection. People, friends, relatives and staff were encouraged to be involved by the

new management team and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the home.

Clear written guidance ensured personalised care was available for staff to follow. For example clear and explicit action plans were in place to support people. This gave staff guidance to support the person’s care needs. For example, people’s support around ‘stoma care’, had guidance for staff in the care folders. This support documentation had clear guidance for staff to follow and staff had signed to demonstrate they understood the plan to follow.

Staffs were able to tell us about people’s individual needs, interests and how they supported people. We saw this information had been set out in their care records and staff were aware of each person’s preferences and knew how to respond to the person’s needs. One staff member told us, “We take the time to get to know each person, so we know people well (and can meet) to meet their needs”. One person told us, “Staff always try to give me what I have asked for”.

Care plans contained information about the kind of activities people were interested in. Records showed a person regularly had in house cinema [watched DVD], which had been an identified interest in their plan based on their choice. One person said, “I am now making my own decisions rather than others making them for me. I feel more confident now. I am in a good place now and I can get out into the fresh air. We are off to the Marlow Theatre in Canterbury this evening and I love it”. Another person said, “The activities room has become my favourite location since we have more activities”. Staff spoke about the home being focussed on helping people to achieve their goals. One staff said, “We aim to ensure the people we support have the same opportunities as everyone else”. This showed that staff were knowledgeable about people’s preferred activities, which should allow them to meet their needs.

Arrangements were in place to encourage people, relatives and professionals to provide feedback on the service provision. We saw that a survey had recently been carried out to attain feedback about the quality of the service from people. People had been asked to rate a range of indicators including: staff conduct and professionalism, whether people felt they had choice and control, whether people

## Is the service responsive?

felt safe and if staff supported them to maintain their independence. We saw that the feedback was positive and high scores had been returned in all areas. Surveys had also been carried out with relatives and health and social care professionals. All feedback we viewed were very positive.

People told us they knew how and who to complain to. One person told us, "If I was not happy I would talk to management. I have done and they did something about it". Another person told us, "I'd tell them if I had concerns. Not that there's anything I can remember". Staff spoken with told us how they would handle complaints and confirmed they would follow the complaints process. Staff told us that they were confident the manager would respond to people's complaints and concerns

appropriately. We looked at the records of complaints. We saw that where complaints had been made these had been investigated and the complainant had received a formal response. Staff explained how they would respond if people made a complaint and this was in line with the providers complaints process.

However, we did not see a pictorial complaints policy in place to support people. Easy to read information had not been developed to help people understand their support and healthcare needs. Policies were not developed in a pictorial format. A healthcare professional said, "My assessment of the communication standards in the Little Oyster is below standard". They further told us that there had not always been a detailed description of how to communicate with individuals and there was no evidence of staff using pictures, objects and signing with the people who had communication impairments. Management and staff did not have adequate communication systems in place for people with learning disabilities who might have difficulties in communicating.

**We recommend that the service seek advice and guidance from a reputable source, about the user friendly and personalised communication Standards.**



# Is the service well-led?

## Our findings

At our last inspection, on 22 May 2014, we found the provider did not have effective systems in place to regularly assess and monitor the quality of service that people received. People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. The provider wrote to us saying they would take action to meet the regulations by December 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

Communication standard for people in the home such as using pictures, objects and signing with the people with communication impairments that live at Little Oyster were still being implemented during our inspection. We discussed our findings with the registered manager who showed us evidence that confirmed these on going improvements. However, we found that medicines were not being disposed of properly by staff, which could lead to out of date medicine being given to people thereby causing harm.

People made good comments about the new management. One person told us, “The former manager restricted my opportunities but it's changed now”. Another person told us, “Anything can be taken to the new manager. The last management didn't allow me to use the phone but now I have a phone, a personal computer and an iPad”. A new manager and deputy manager were appointed in September 2014. The new manager had submitted their application to register with CQC.

Staff were complimentary about the new manager. They told us that they already noticed improvements in the home since she was appointed. A staff member told us, “Management changes had been for good as people are doing more, going out more, more relaxed and management are more approachable”. Another staff said, “Previously, management had been more controlling and people weren't able to think for themselves. It has taken some time to get used to this style of management, which is better”.

The provider had a clear set value for the home. This stated ‘Little Oyster Residential Home Ltd aims to support vulnerable people within the residential home to live with a high degree of independence’. Our observations and what

we were told showed that this value of promoting independence had been successfully cascaded to staff and this is currently being implemented by the staff who worked at the home. Contrary to our last inspection, people are now fully engaged in suitable meaningful activities. One person said, “Activities are 'out of this world now'. For example, going to watch football in a stadium, going bowling, cinema, dogs and church. You can see the enjoyment in the people now. Even the arts and crafts sessions are different”. Another person said, “The atmosphere has completely changed”. These examples showed that the provider had ensured and adhered to their stated value.

The new manager and operations manager had recently implemented an internal audit system that covered a number of areas including infection control, health and safety, care planning, fire safety, accidents and incidents, and medicines. Any accidents and incidents were investigated to make sure that any causes were identified and action taken to minimise any risk of recurrence. The deputy manager carried out monthly audits of the home. An audit of staff training had taken place and we saw that the manager had already made progress to ensure that staff received the training they needed and that all staff employed had the appropriate documentation in place to prove their suitability to work at the home and certificated induction based on skills for care. This meant that there were robust auditing systems in place to ensure the needs of the people were met.

There was a culture of reporting errors, omissions and concerns. Staff understood the importance of escalating concerns to keep people safe, and they were offered additional support and training when necessary. The registered manager understood her responsibility to report incidents of actual or suspected abuse promptly to the Local Authority and to notify the CQC. Notifications were submitted to us in a timely manner about any events or incidents they were required by law to tell us about. The action plan from previous inspection was submitted on time and areas identified such as infection control, staff trainings, medication and audit had been actioned with on going improvement. The registered manager said, “We would like to achieve outstanding, that is why we will keep on improving”.

Records were managed well to promote effective care. The new management had recently reviewed all

## Is the service well-led?

documentations after consultation with staff in order to promote comprehensive record keeping. This helped staff to properly implement care provision according to people's stated wish. These documents were being implemented during our inspection. Records were clearly written, up to date and informative. They were routinely audited and kept securely to maintain confidentiality. The staff and others had access to reliable information to enable them to provide the care and support people needed.

Communication within the home was facilitated through monthly meetings. The home had staff meetings, supervisor's meetings and night team meetings. We looked at minutes of the staff meeting dated 06 March 2015. Areas such as staff responsibilities, medication administration, record keeping, communication, teamwork and people's needs amongst other areas were discussed. Staff told us there was good communication between staff and the management team. A member of staff said, "There is a more open door approach from management than before, which is good". Staff told us that the manager was approachable.

Resident' meetings enabled the registered manager and staff to keep people up to date with what was going on in the home and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus, key working and people's goals. We saw that suggestions such as weekly menu were acted upon.

There was an emergency plan which included an out of hour's policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.