West Sussex County Council

Tozer House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Tozer House is a residential care home providing accommodation and personal care for up to 15 people living with a learning disability, physical disabilities and autistic people. Care is provided across two houses, one of which can accommodate seven people and the other which can accommodate eight. There were two separate buildings used for activities, offices, kitchen and dining area. At the time of the inspection 10 people were living at the service. Five people were living in each house.

People's experience of using this service and what we found
Right Support:
People were supported to have the maximum possible choice, independence and control over their lives. People were supported to stay safe in a way which promoted their independence and met their needs and preferences. People and those important to them were involved in their care and support was planned to ensure people had a good quality of life. A relative told us, "All [person's] needs are being met and it's a nice atmosphere there. It's all about the place." Staff supported people to make decisions and go to places of their choosing. People were supported to maintain relationships with those who were important to them, they could visit people outside their home and have people visit them. People were supported in a safe, clean environment which was suited to their needs. 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.

Right Care:
People received kind and compassionate care. Staff respected and promoted people's dignity, privacy and human rights. Care and support plans were person-centred, identified people's strengths and promoted independence. Staff were appropriately skilled to meet people's needs and keep them safe. One person told us, "Staff are always here to give you a bit of help when you need it." Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. People told us they felt safe and had good relationships with staff. People had unrestricted access to their rooms which promoted privacy and dignity. Staff ensured people's human rights were met and people were supported to understand they have the same rights and responsibilities as everyone else.

Right Culture:
The managers and staff demonstrated values, attitudes and behaviours which enabled people to lead confident, inclusive and empowered lives. Staff placed people's wishes, needs and rights at the heart of

everything they did. Staff had a proactive approach to dealing with issues and concerns to enhance people's wellbeing and reduce potential risks to their health and safety. The service promoted a homely culture and people were cared for in this way. Staff had received specific training to meet the needs of people with a learning disability and autistic people and spoke with passion about people and the care and support they provided. The service promoted an open and transparent culture which encouraged people and those important to them to share their views and ideas for developing the service. We saw staff fully involving people with tasks and activities they had chosen; and interactions between people and staff were patient, kind, sensitive and assuring.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 08 January 2020) and there were two breaches of regulation. 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.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 05 November 2019 and 11 November 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-Led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good

The service was Well-Led.

Details are in our Well-Led findings below.

Tozer House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one 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
Tozer House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tozer House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We communicated with seven people who used the service and four relatives about their experience of the care provided. The Expert by Experience contacted relatives remotely by telephone. People who were unable to speak with us used different ways of communicating. Some people used Makaton and communicated through staff, others used pictures, their body language and facial expressions.

We spoke with eight members of staff including the registered manager, area manager, quality assurance manager, senior support workers, support workers and outreach staff. We reviewed a range of records. This included five people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance information and maintenance records were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at staff rotas, training data, and the providers policies and procedures.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of avoidable harm. 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.

● People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. At the last inspection there were concerns about the management of choking risks. At this inspection people assessed as at risk of choking were supported by staff who knew them well, understood their risks and how to minimise them. People had risk assessments and support plans to guide staff on the correctly textured food and how to support people safely. For example, one person who required a soft diet used a smaller fork to reduce the size of each mouthful. Another was supported to cut their food into small pieces and eat at a slower pace. A staff member said, "It's about following the guidelines SaLT (Speech and Language Team) have given you." This helped keep people safe.
● Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk. At the last inspection there were concerns about fire safety. At this inspection the registered manager had a robust system to ensure fire risks were managed safely. People participated in regular fire alarm tests and evacuation drills. People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and considered people's risks. The registered manager maintained up to date records about testing equipment and lighting which showed when the last tests took place and when they were next due. This provided assurance risks to people were being assessed and managed effectively.
● People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, one person could become distressed if visiting potentially busy and noisy places. The person had a Positive Behavioural Support (PBS) plan which guided staff on how to help them manage any distress should this happen while they were out. The PBS plan included potential triggers, behaviours to look out for and strategies to reduce the person's anxiety. This helped the person stay safe and achieve their goals and aspirations.
● People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, one person living with epilepsy and at risk of falls, had worked with staff to agree the safest way to ensure their personal care needs were met while maintaining their independence. The service had implemented an alarm system for the person to call staff when they needed support to use the bathroom

safely at night. This promoted the person's safety whilst meeting their needs and preferences.
● Staff raised concerns and recorded incidents, and this helped keep people safe. Accidents and incidents were monitored and investigated by the allocated duty officer and registered manager. For example, if an incident occurred, the registered manager and staff did all they could to understand what happened and put measures in place to reduce the risk of reoccurrence. One staff member told us, "It's important to be open and transparent. If there are no records, we won't be able to track things and look to put things in place to stop it from happening again."
● People received safe care because staff learned from accidents and incidents. Lessons learned after an accident or incident were shared with the team. We spoke with staff about how they were kept updated when incidents or accidents had occurred. Comments included, "The handover is the first port for new information", "The managers share information with you. [Registered manager] is very good at that", and, "We support staff and make sure they read the risk assessment." Records confirmed there was an open and transparent approach to learning from incidents.

Using medicines safely
● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. At the last inspection medicines were not always managed in line with manufacturers advice and there was no formal protocol to ensure safe storage of medicines. At this inspection improvements had been made. The registered manager had appointed a medicine's lead to improve oversight of medicines. Staff who had completed medicines training and were assessed as competent in the task. One member of staff told us, "I complete a medicines training refresher every two years and competency assessment every year, my supervisor does this."
● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. People had individualised protocols for 'as required' (PRN) medicines and health action plans which were annually reviewed. This ensured people's prescribed medicines remained appropriate and required.
● People received support from staff to make their own decisions about medicines wherever possible. People were supported to take their medicines in private, when appropriate and safe. One staff member told us a person had commented on their approach to supporting them with their medicines. The person said, "You know [staff name], you asked me if I wanted my medicines where I was sitting or in my room. I liked that." The staff member told us, "I think it made it them feel empowered."

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. We observed peoples care records which showed other professionals were involved in keeping people safe. For example, the local authority supported people who were unable to independently manage their finances. This protected people from the risk of potential abuse.

● People and their relatives told us they were safe and knew how and when to raise a safeguarding concern. One person said, "Yes I feel safe. I would speak to [staff member]." A relative told us, 'If I wasn't happy, I'd contact the manager or the deputy manager, to be honest any of them. I believe my words are acted upon."

● Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "We recently completed safeguarding training online, this was revisited in the team meeting. We had videos to watch."

● Incidents of alleged abuse were appropriately identified and reported to the local authority and CQC. The registered manager understood their safeguarding responsibilities and conducted investigations as required. Incidents were analysed and when necessary, action taken to reduce the risk of reoccurrence.

Staffing and recruitment

● The registered manager ensured there were enough staff on shift each day to meet people's needs. As well as the providers own employees, the service deployed two staff members from the outreach service so people could have one-to-one support to take part in activities and visits how and when they wanted. One relative told us, "[Person] benefits from one-to-one, they get an awful lot from the staff. They have two or three favourites and spend hours with them [staff], they do bits and bobs, they're great with [person].

● Staff told us staffing was one of their biggest challenges but worked together to keep the service safe and with sufficient numbers of staff. One staff member said, "The staff here are lovely, we're very flexible and all support each other. The senior's go on the floor, the [registered manager] closes their office and works on the floor, managers will come in and cover." Another told us, "People get the care they deserve but it puts the pressure on the staff. This can make you tired and lose concentration."

● Although the service had vacancies, there was an ongoing recruitment program which aimed to ensure the vacancies were filled. Staff picked up additional shifts when they could, and the provider had a bank of 'casual' staff for use as required. The registered manager told us, "The team are so great working in a crisis, we have not used agency. We are a proud team who have picked up any vacant shifts. There has been no impact to people, they don't notice the difference."

● Staff recruitment and induction training processes promoted safety. Staff completed training which enabled them to support people living at the service and matched their needs. One staff member told us, "The autism training was wonderful, so in-depth. I don't think people know enough about it. [Person] has autistic traits and having that in-depth training was good, really helpful."

Preventing and controlling infection

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was supporting people living at the service to minimise the spread of infection.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was responding effectively to risks and signs of infection.

● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

● The providers approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of the provider and being able to see their loved ones. A relative told us the service managed COVID-19 well and despite having a recent outbreak, worked with them to ensure their loved one was still able to go to an event they had planned. They said staff explained, "You can either bring [person] back and they stay in lockdown or they can stay with you. So, [person] stayed with us and I drove them to work every day. They work at the centre and they love it."

Good

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery and ensure all records relating to people's care were up to date and contemporaneous. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

● The registered manager had reviewed and revised their quality assurance systems to improve oversight of maintenance, medicines and people's records. The registered manager met regularly with the facilities team and had access to the facilities management system to track and monitor the progress of reported maintenance works. The service completed a monthly medicines audit from which issues regarding the storage, administration and recording of medicines were identified and actions taken to resolve. These changes had improved managerial oversight of medicines and maintenance and ensured any issues reported were dealt with in a timely way.
● Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People had allocated keyworkers who were responsible for ensuring people's care records were accurate and up to date. People met with their keyworker monthly to review their care and support; if there were changes, these were recorded. Advice from health professionals was recorded and actioned. For example, recommendations from a specialist advisor had been implemented and reduced the number of falls for a person. This gave assurance that governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
● The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. They understood and demonstrated compliance with regulatory and legislative requirements and, alongside the senior leadership team, had a vision for how the service was moving forward.
● The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff said they felt respected, valued and supported by the provider and registered manager. Records confirmed staff received regular supervision and an annual appraisal to develop and

improve their practice. One staff member told us, "We have supervision every 2 months, we discuss residents, set goals for me as key worker, look at appointments, training. It's helpful."

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

● Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example. We observed the registered manager speaking with people and providing guidance to staff as required. One staff member told us about when a senior manager worked in the service. They said, "I was able to call on [senior manager] and they came into the home. It was good. I felt really supported. They did activities and were cooking with one of the residents here."

● People were supported to express their views and make decisions about their care. People were involved in their care and their goals and wishes respected. We observed people were comfortable asking for support and would approach the registered manager and staff directly; or come to the office to ask a question, have a chat or talk about their day.

● Managers promoted equality and diversity in all aspects of the running of the service. We observed a 'diversity board', which had a map of the world with arrows indicating where staff were born or places of importance to them. The board had information staff wished to share with people, for example, their culture, interests, hobbies and values. This helped people get to know the staff supporting them and build positive, meaningful relationships. Achievements and success were celebrated, and people were supported to create a 'dream list', which identified people's hopes and aspirations for the future.

● Staff felt able to raise concerns with managers without fear of what might happen as a result. This contributed to a positive and improvement-driven culture which valued reflection and learning. For example, if a medicine error occurred, the staff involved were encouraged to reflect on the incident and identify any area's for improvement in their practice. Staff spoke positively about the registered manager and their role. Comments included, "I go home, and I think how much I love my job, it's so rewarding", and, "[Registered manager] is amazing. I like to support them as they support me. They are so nice and does so much for everyone."

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

● Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager understood their responsibilities under duty of candour and was open and transparent when people's care had not gone according to plan. The registered manager had notified CQC of accidents and incidents that had occurred, any lessons learnt, or actions taken.

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

● People, and those important to them, worked with managers and staff to develop and improve the service. Staff held regular residents' meetings where people had the opportunity to provide feedback about the service and discuss issues of importance to them. One staff member told us, "The residents' meetings are really productive, you'd be surprised what people raise. Plus, if there is an important change in the home you have to let people know what's going on."

● People and their relatives confirmed they were kept updated about changes in the service and staff acted on their feedback. For example, a relative told us they had raised a concern about their loved one's care. They said, "I text the manager to say I was concerned about [person's] nails. The next time I saw them they were all cut and clean." Another relative told us, "I have the manager's mobile number and they say to 'contact me anytime'. They'll always get back to me. I email to whoever is on duty too."

Continuous learning and improving care; Working in partnership with others

● The provider engaged in local forums and worked with other organisations to improve care and support for people using the service and the wider system. For example, 'Think Local, Act Personal' and 'Making it Real', which are projects committed to improving health and care for people who use services. One example was promoting the use of person-centred language and supporting services to move away from using health and social care jargon which does not always promote individualised care.

● Staff described a positive and open culture where they felt able to express their views. Staff attended regular team meetings which provided the opportunity to discuss any changes to the running of the service and to give feedback on the care that people received. A staff member said, "I there was anything I could bring to the service, [registered manager] would make it happen. We would discuss it and put it in place."

● Staff and the registered manager gave examples of how they worked collaboratively with other services to support people's needs. Records confirmed a proactive approach to partnership working and showed referrals were made to health and care professionals including speech and language therapists, GP and community nursing teams. Support plans contained advice from other professionals and records showed how information was shared appropriately to promote understanding of people's individual needs. The registered manager held a weekly call with the GP to offer an update on people and discuss any concerns. They spoke positively of the relationship with the GP and said, "We really understand each other, we compliment each other. We have a couple of doctors who know people really well so it's good for us all."