

Tinkers Hatch Limited

Tinkers Hatch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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

Tinkers Hatch is a residential care home providing accommodation and personal care to 22 people at the time of the inspection. The service is registered for 32 people. However, the registered manager told us that due to changes at the home the number of bedrooms had been reduced and the maximum number of people they would be able to support would be 25.

There is a main house which provides accommodation for up to 18 people. A separate cottage for five people and two units which each accommodate one person.

There was a day centre which people were able to attend to take part in activities. The day centre was also open to people who did not live at the home. Some of these people spent periods of time at Tinkers Hatch as part of respite care packages. This gave people the opportunity to maintain contact with people and staff in between their stays at the home.

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

Based on our review of safe, effective responsive and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture.

Right Support

Tinkers Hatch is a large care home with a separate cottage for five people and two units which each accommodate one person. There was also a day centre which people attended for respite. People living at the home also used the day centre to engage in activities. This model of care does not reflect the principles of Right Support, Right Care, Right Culture. The provider was aware of this and was working to make changes. People who lived at the home were happy within the setting. Staffing issues sometimes limited the activities people could engage with. People's skills and independence had not always been promoted and developed. People were not supported to set goals, develop and improve daily living skills.

Risks to people were managed safely. However, some environmental risks were not always assessed or identified. This needed to be addressed through the audit and governance system, so they were not missed. Although activities could be impacted by staffing levels there was an emphasis on providing a wide range of activities which people enjoyed. People were supported to take trips out and enjoy celebrations at the home.

Right Care

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. We found the service was not always working within the principles of the MCA.

Improvements were needed to people's care plans as these were not always person centred and did not always include the information staff may need. People were not always involved in the development of their care plans.

Staff knew people very well, they understood how to communicate with and support each person in the way the person wished. People were protected from the risks of harm and abuse. Staff were aware of their responsibilities and how to report concerns. Feedback from health and social care professionals was consistently positive. Staff worked with them to ensure people's health needs were met.

Right culture

There was a negative culture within the staff team which meant staff were not always able to work together as a team. The provider and registered manager were working to address these concerns. Staff were clear that they wanted to see change to improve the culture. One staff member sent us a reflective account of the inspection feedback and where they could start to make a difference to the culture.

The quality assurance systems needed to be developed and embedded into everyday practice to help identify areas for improvement and development.

Staff were committed to providing good care to people and enabling them to live their best lives possible,

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

Rating and Update

The last inspection for this service was an infection prevention and control inspection (published 23 February 2021). We did not rate the service at this inspection. The last rating for this service was requires improvement (published 27 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

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.

We carried out an unannounced comprehensive inspection of this service on 2 January 2020 where the service was rated requires improvement, there were no breaches of legal requirements. Following the inspection, we met with the provider and they told us what they were doing to improve person centred care and quality assurance.

We undertook this focused inspection to check the actions to improve person centred care and quality

assurance had been implemented. The inspection was also prompted in part due to concerns received relating to aspects of people's care needs, which we looked at in the safe key question. During the inspection, we found evidence to suggest we needed to look at the effective key question and this key question was therefore included in the inspection.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to ensuring consent to care and treatment is in line with law and guidance, person-centred care and the quality assurance systems at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

Requires Improvement ●

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 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

Three Inspectors carried out the inspection. They were supported by an Expert by Experience who obtained feedback from friends and family by telephone. 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

Tinkers Hatch 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. Tinkers Hatch is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

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

Notice of inspection

This inspection was unannounced

What we did before inspection

Before the inspection we reviewed the information, we held about the service. 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. 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with eight people who used the service and 11 relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager.

Not everybody who used the service was able to talk with us. Some used different ways of communicating such as objects of reference and their facial expressions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time generally observing people and their interactions with staff in communal areas.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further care records, surveys and incident reports, training data and quality assurance records. We received feedback from seven health and social care professionals who regularly visit the service.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff understood how to support people with their mobility. However, during the inspection we observed a staff member undertaking inappropriate moving and handling techniques. This was raised with the registered manager and addressed immediately.
- Improvements were needed to ensure environmental risks were managed safely. We saw that some windows did not have restrictors in place. One person's room had a fuse box in their kitchen area. This was not covered. We raised these issues with the registered manager, and they were addressed.
- One person's care plan stated they needed to be observed at mealtimes. We saw this person eating their lunch without staff being present. We raised this with staff on duty. They told us this person did not always need observation. However, there was no guidance to follow to keep the person safe if they were not being observed, or to know when the person did not need to be observed. These are areas that need to be improved.
- Despite these concerns risks to people were well generally well managed. This was because staff knew people well and understood the risks associated with their support. There was guidance for staff to follow to safely support people who had seizures. Staff were able to tell us what actions they took to keep people safe. This included the use of rescue medicines. There was guidance for other health related conditions for example, how to protect people's skin from the risk of pressure damage.

Staffing and recruitment

- There were enough staff to ensure people received safe support. One staff member said, "We have enough staff to keep people safe, but sometimes not quality." Another staff member said, "Sometimes quality can be lower than it used to be." They explained, this was due to staffing levels. On the first day of the inspection there were staff absences in the day centre. This meant people did not have the opportunity to engage in their usual activities. As a result, people spent a lot of time where they were not occupied and no alternative activities were offered or provided. This is further discussed in the responsive section of this report.
- Senior staff told us, that on occasions they needed to support people rather than complete their management roles.
- Agency staff worked at the home. They worked there regularly and knew people's needs. Staff also worked extra shifts to cover shortfalls in staffing numbers. The provider acknowledged recruitment was problematic nationwide and told us there was ongoing recruitment to help improve staffing numbers.

This is an area that needs to be improved.

- Staff were recruited safely. Checks were completed on staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On arrival a staff member answered the door and they were not wearing a mask, they addressed this immediately. Throughout the inspection staff were repeatedly seen to wear their masks under their chins and not covering their mouth and nose.
- We found improvements were needed to some aspects of cleanliness. One person told us their bathroom was dirty. We found their shower had black mould around the base. The hoist mechanism in a bathroom in the main house was rusty. This made it difficult to clean and could put people at risk of infection.

We identified these with the provider as areas that needed to be improved. We saw meeting minutes where staff had been regularly reminded to wear their masks.

These are areas that need to be improved.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Housekeeping staff had developed a cleaning schedule and this was in the process of being developed to include further areas of the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines were managed safely. Staff received training and had their competencies assessed before they were able to give medicines. There was a safe system which meant medicines were ordered, stored, dispensed and disposed of safely.
- People received regular reviews of their medicines by their GP to ensure medicines they were taking were appropriate. There was information about people's medicines and how they would like to take them.
- Staff received training and had their competencies assessed before they were able to give medicines, this included rescue medicines in case someone had a seizure.
- Where people had been prescribed 'as required medicines' there were protocols in place to guide staff. Where people had been prescribed 'as required' medicines for anxiety there was clear guidance about what staff should do to support the person before giving them their medicine.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were comfortable in the presence of staff. We heard one person saying to a staff member, "I love you helping me."
- Staff received regular safeguarding training. They clearly understood their roles and responsibilities related to safeguarding. They were able to talk with us about abuse and what actions they would take. Staff told us there was a flow chart in the staff room which they could follow to ensure they took the right steps.

One staff member said if they identified a safeguarding concern they would, "raise with manager if not would ring the local authority and CQC."

- Safeguarding concerns had been identified and referred appropriately. The registered manager and staff worked with the safeguarding team to resolve any concerns.
- Accidents, incidents and daily notes were reviewed to identify if there were any concerns that required a safeguarding referral.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Decisions had been made for some people who had not had their capacity assessed to see whether they could make those decisions for themselves. This included decisions around restrictions such as audio alarms, these were used to monitor some people who were prone to seizures, whilst they were in their bedrooms. Other people had bed rails in place. There were no mental capacity assessments for people to assess whether they could make these decisions for themselves, and no best interest discussions recorded to determine whether the people had been involved in the decision-making.
- For some people there had been mental capacity assessments and best interest decisions, but these been made and agreed with people's relatives or representatives. There was no evidence to show that the relatives had legal authority to consent on their loved one's behalf.
- Consent forms were in place, but assessments had not taken place to determine if people had the capacity to consent. For example, with regards to the use of night checks. These consent forms showed that people had agreed to have night checks. However, other information in the care plan stated that people did not have capacity to make some decisions. There had not been any MCA or best interest meeting to determine if people had capacity to consent to these checks.

These above issues meant that the provider had not worked within the principles of the Mental Capacity Act

2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, throughout the inspection we saw staff asking people's consent, offering people choices and respecting their choices. Staff told us how people who were not able to express themselves verbally, were able to make choices, this included gestures, body language, pictorial support and Makaton, (A form of sign language). One staff member told us about a person and said, "[Name] leaves you in no doubt as to what they want, they can make their own choices."
- DoLS applications had been made when required. The registered manager was aware of conditions and how these were being met .

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

- Improvements were needed to ensure Tinkers Hatch was adapted to meet people's needs to promote and develop their independence. The registered manager was aware that improvements were needed.
- One person who lived in an annexe had been provided with a kettle to make their own hot drinks. The person had two small fridges, neither of which were plugged in. There was no milk, or anything to make hot drinks with. The door to the electrical cupboard, which was next to the kettle was not in place. Staff told us the person usually went to the cottage when they wanted a hot drink. However, the presentation of this area did not promote or encourage the person to use the area and develop their independence.
- The registered manager told us that although the person had been provided with a kettle and fridge, opportunities to promote its use had not been developed. They told us there was a plan to redecorate the annexe and this would include reconfiguring the layout to better include the kitchenette area.
- People in annexes were potentially exposed when leaving bathrooms. We highlighted this with the registered manager and privacy sheeting was ordered to cover the glass front doors.
- The entrance to one of the annexes did not look like the entrance to someone's home, it looked more like an office entrance.

We recommend the provider looks at this area with a view to developing a more homely appearance.

- The provider was aware that due to the increasing frailty of some people, associated with their age, changes to and additional accessible bathrooms may be required. Plans were in place to develop the dining room in the main house to include a servery and an area where people would be able to access drinks and snacks independently. The registered manager told us this area would also enable people to be more involved with meal preparation.
- People had been involved in choosing how the lounge in the main house should be decorated. People's bedrooms had been personalised to reflect their own choices and personalities. People were involved with decisions about how they would like their rooms decorated. One person showed the changes to their room, they now had a bedroom with a separate lounge area. They were working with their key worker to redecorate both rooms.
- People's physical needs were met by the environment. For example, a chair lift provided level access throughout the home, there was 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. The provider was aware that due to the increasing frailty of some people associated with their age, changes to, and additional accessible bathrooms may be required.

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

- People's needs and choices were assessed before they moved into the home. This helped to ensure staff had the appropriate knowledge and skills to look after people effectively. As far as possible people were

supported to visit the home before they moved in. This included an increased time spent at the home each visit. From a few hours, building up to overnight stays until the person felt comfortable to spend longer at the home. This enabled people to get to know others and staff and develop relationships before they moved in. It also helped staff to assess if they could meet the person's needs in their new setting and check their compatibility with others.

- The registered manager told us that some recent admissions had required a quicker transition due to individual circumstances. The registered manager had developed a transition booklet that gave people easy read information about Tinkers Hatch and was then personalised for each person.
- When the person moved in, social stories, adapted to each person's needs, had been developed to ensure the person had an understanding of communal living. For example, there was information about not entering other people's bedrooms without their permission.
- People's needs and wishes were regularly reviewed to ensure they received support they needed. Nationally recognised assessment tools were used to assess risks, for example, those associated with weight loss and skin integrity.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to support people. There was a training plan which showed what training staff had completed and where updates were required. Staff told us the training they received helped them meet people's needs. They told us due to the pandemic a lot of training had been online, but this was now moving to more face to face training. This included first aid and moving and handling. One staff member told us they looked forward to receiving face to face behaviour support training and epilepsy training. They explained that as people's seizure patterns were quite infrequent, some newer staff had not witnessed anyone presenting with a seizure. Although they were always supported, face to face training would allow them to ask questions and discuss individual concerns.
- When staff started work at the home, they received an induction which introduced them to the day to day running of the home and people who lived there. They spent time shadowing colleagues until they were confident working independently. Staff received regular supervision where they were able to discuss any training needs.
- The registered manager had developed an easy read induction booklet for agency staff. Although regular agency staff were generally used, this provided information for staff on their first few shifts.
- Staff showed us a training plan that was being developed for each person. This included details of the person's needs, for example, if they needed support with their diet or when they became anxious or angry. This plan then identified which staff would be best suited to work with each person to support their health and well-being. Whilst this was still being developed it would provide a bespoke tool for each person and help identify staff training shortfalls.

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

- People were supported to eat and drink a range of foods that met their individual choices and needs. People made suggestions at resident meetings about what they would like to see on the menu. Menus were planned in advance, but these were flexible, for example to reflect weather changes.
- People told us about the food they enjoyed and that they were given choices. People were supported to eat out and staff took opportunities, for example, when a person was attending a doctor's appointment, to stop off for a drink and snack. Staff were aware of people's dietary needs and preferences. When specialised diets were required these were provided.
- People were given a choice of what they would like to eat at each meal. One staff member told us, "We know [name] is quite fussy with what they eat so we make sure there is something especially for them." This was something we saw on inspection.
- People were supported to have regular drinks throughout the day and were provided with hot drinks when

they wanted them.

- People who lived at the cottage chose and prepared their own breakfast and evening meal, with staff support. Their main meal was provided by the cook at the main house. People who lived in the cottage were able to make their own drinks when they wished to throughout the day.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and improve their health needs. Records showed and staff told us, people were supported to access health care professionals when they needed to and when their health needs changed. People had care passports developed. These helped them to communicate their care and health needs to health professionals in the event of hospital admission.
- We saw staff were persistent in ensuring people's health needs were met, for one person there was regular contact with the GP as the person's condition did not resolve. There was regular contact with professionals to ensure people received the appropriate equipment, for example to support their mobility needs. One person, with support from staff, told us about their health condition. They told us that they were going to see the doctor that morning.
- Healthcare professionals told us staff were proactive in identifying concerns. One healthcare professional said, "Staff have been there a long time, they know people, they are quick to bring up concerns and when they do you know they are genuine."

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 has now remained the same.

This meant people's needs were not always met.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service did not always demonstrate the principles of Right Support, Right Care, Right Culture. At the last inspection we identified that activities needed further time to progress and develop people's individual skills, independence and interests. They did not support people to identify individual aspirations or goals. Consideration had not been given to employment or social opportunities outside of the home. After the last inspection work had started however this work was then impacted on by the pandemic and further development was limited. Individual goals had not yet been developed and individual activity care plans were not in place to guide staff.
- The day centre had a daily activity program that was displayed. People also had their own activity plans and attended the sessions they enjoyed. On the first day of the inspection there was staff absence in the day centre. This meant people were not able to take part in the planned activities. Therefore, people spent long periods of time with nothing to do. People were heard to ask staff for something to do. Staff had not taken the opportunity to engage people in individual or small group activities.
- Some people liked to spend a lot of time watching television and playing on their electronic devices. There was limited evidence that they were encouraged to take part in other activities or develop individual goals. Meeting minutes showed people were involved in discussions about what they would like to do, and this was supported. However, for people who were less able to participate, there was limited evidence that they were given the opportunity to engage in meaningful activities each day.
- People's skills and independence were not always promoted and developed. People were not supported to develop and improve daily living skills or take ownership of their home. People who lived in the cottage were independent, with minimal staff support. They prepared their own breakfast and evening meal but were reliant of the main house for their lunchtime meal.
- We observed staff putting washing into and taking it out of the machine. People were not being supported to do this for themselves or taking on day to day responsibility for the running of their home. Consideration had not been given to enabling people to manage their own medicines, or aspects of their own medicines in the cottage or the main home.
- There was no information about people's wishes for their end of life care. Some people had lived at the home for many years and were living with increased health needs and frailty.

People did not always receive support that promoted their independence, skills and social needs. This is a

breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were aware that these improvements and developments were needed.
- Despite the concerns above some people were seen to be enjoying the activities they had been encouraged to participate in and were engaging with each other and staff. Regular trips out were arranged. Over the jubilee bank holiday weekend two groups of people visited local zoos. A jubilee tea part had been arranged which people told us they had enjoyed. The registered manager told us they ensured that trips out were fair, for example some had been to a recent farm visit, therefore other people were given first choice of going to the zoo.
- Some people had regular activities which they enjoyed, and meeting minutes showed people were involved in discussions about what they would like to do. For example, one person had said they would like to join the swimming group. People's relatives told us their loved one's enjoyed the activities. One relative said, "[Name] is kept very busy and stimulated." Another relative told us, "Things are starting to open up," and "They (staff) put themselves out to do things [name] wants to do."
- People and staff had held a recent jumble sale to raise money for Tinkers Hatch to enable people to take part in more trips out. Staff had supported one person who was interested in recycling to have their own recycling bins. They had approached the council and individual domestic recycling bins had been provided. The person had taken responsibility for this and recycled each day. This also helped the person to keep their own rooms tidy.
- People received support from staff who knew them well. They understood people's needs, likes and dislikes. Staff knew about the care and support people needed. Care plans contained guidance, and although some care plans needed further detail (see well-led section of this report) staff were able to tell us about people and the support they needed.
- People were able to receive support from staff that they chose. During the inspection one staff member told us they had offered to support a person and they had agreed. They told us this was the first time this person had accepted them. During the inspection we saw this person accepting further support from the staff member.
- Changes had been made to one person's living arrangements. A spare room next to the person's bedroom had been changed into a lounge with a small kitchenette area. The person told us they were pleased with the changes and were currently working with staff to redecorate both rooms.
- A health and social care professional who visited the service told us about the positive outcome for one person who had moved into the home. They told us staff had supported the person to settle in, responded to their concerns. As a result, the person is more outgoing, socialising, taking part in activities and is a lot happier.

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.

- There was information about people's preferred methods of communication in their care plans. This was generally detailed and informed staff if the person used Makaton, objects of reference or pictures to support their communication. There was information about how people expressed they liked or disliked something. For example, smiling to demonstrate yes and moving away to express no.
- Information was provided for people in formats they needed, this included easy read information, social

stories and pictorial support. Staff knew people really well and understood how to communicate with them in a meaningful way. Relatives told us about their loved one who was not able to communicate verbally. They described how staff communicated with them and said, "Staff are trained and [name] always makes known what they want."

Improving care quality in response to complaints or concerns

- There was a complaints policy 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. When complaints had been raised these had been responded to appropriately. One relative told us they could raise concerns with the registered manager. They said, "They listen and address the problem. The manager is fantastic, he knows us well and I can chat on the phone."
- Healthcare professionals spoke highly of the level of care staff provided for people who had received end of life care at the home. One healthcare professional said, "They [staff] go above and beyond to keep people there until the end. They have an amazing ability to get services in to support them, like palliative care at home services."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not always demonstrate the principles of Right Support, Right Care, Right Culture. At the last inspection we found care plans and records held about people did not include all the information staff may need. At this inspection we found that these improvements were still needed. One care plan stated the person needed information presented in a format the person could understand. However, there was no information about what that format was. Other care plans contained conflicting information. In one part of a care plan a person was recorded as not having epilepsy, in another part they were said to have seizures. Information had been added to one person's care plan that related to assessment tools not used at the home.
- There was no evidence that people were involved in developing or reviewing their care plans. Through observation and discussion, it was clear people were involved however this had not been recorded. This had been identified at the last inspection. An easy read care plan had been developed with one person but these have not been developed with others. The provider acknowledged that the computerised care planning system did not meet the needs of people living with a learning disability. Plans were in place to change this.
- Daily records were not well completed, this included oral care and bowel charts. One staff member spoke with us about this. They said, "I often have to go round and ask if X has had their bowels open to know if I should give medicine." This would be particularly important for people where constipation was a trigger for epilepsy.
- Daily records did not fully capture what people had done each day. For example, one person had been looking forward to going out, on return it was recorded that it 'looked like they had had a good time'. However, there was no information about where they had gone or what they had done. Staff did not complete daily records in a timely way. We heard staff asking each other who had received personal care. At 2.15pm we heard staff asking each other what people had eaten for breakfast.
- Improvements were needed to the audit system. We were told medicine audits took place, but these were not recorded. We saw medication administration records (MAR) were checked at the end of each week. Staff signed to show these checks had been made. If it was identified that MARs had not been fully completed, further checks took place to identify if this was a missed signature or a missed medicine and appropriate actions taken. However, the lack of audit records meant the provider could not be assured that consistent checks were being made to identify shortfalls.

- We found oral healthcare records were not always well completed. Some people had also been prescribed toothpaste. Some of these had also not been well completed. We compared the records and saw that some people's records showed they had not received oral healthcare, but the toothpaste had been signed as given.
- Accidents and incidents were recorded with evidence of action taken. However, there was no overall audit to identify any themes or trends. For example, times of the day, or staff who were working.
- There had not been any recent environmental audits to identify areas for improvement, for example, window restrictors, or where people may need support. We found some people stored their toothbrushes in toilet bags with other toiletries. These had not been covered to keep clean. Some people had a number of razors in mugs, some were stored with toothbrushes. It was not clear if these razors were still useable, staff had not identified or supported people to discard. Two people did not have a sheet on their bed. One told us they had not had one for a few days. This had not been identified by staff to prompt and encourage the person with a fresh sheet. After the inspection the registered manager told us senior staff checked each person's bedroom at the end of the day. This would have identified the person did not have a sheet on their bed. However, we were not informed of this during the inspection and the handover form was not reviewed to ensure appropriate checks had taken place.
- Where areas for improvement had been identified these had not always been addressed. During the pandemic it had been identified that people did not have end of life care wishes assessed, there were no plans or information about their end of life wishes. This had not been addressed.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had not been any recent infection, prevention and control audits. However, this had been identified and an audit was being developed.
- The registered manager was responsible for the day to day running of the service, they had worked at the home for many years and stepped into the registered manager role last year when the previous registered manager left. They were supported by the provider and directors. They had good oversight of the service. They were aware improvements and developments were needed. Work had started on improvements and to continue with previous improvements that had stalled due to the pandemic.
- At the last inspection the registered manager and provider were aware improvements were needed to further develop the home and ensure it reflected Right Support, Right Care, Right Culture guidance. (At the time of the last inspection this was Registering the Right Support guidance.) We were told at the time about work that had started. However, due to the impact of the pandemic and changes in the management team this had not progressed as planned.
- The registered manager had introduced the quality of life tool to produce a 'red flag' action plan. This identified to staff what was required of them to ensure people received appropriate support. The guidance included what the provider expected to see and what they did not want to see. For example, in 'What we want to see' – staff offer choices tailored to the individual using open questions. 'What we don't want to see' – no record of how people's day unfolds. Whilst work had started, the registered manager acknowledged that this would take time to fully implement and embed into everyday practice.

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

- There was a negative staff culture at Tinkers Hatch. Fifteen out of 18 staff spoken with described fractions within the staff team and included allegations of bullying, withholding information from each other, and staff who were perceived as not working as hard as others. Comments from staff included, "Some staff will talk to others as though they are idiots." "We have [staff] that do not talk, or are able to be in the room

together, and I believe that information is often withheld to spite each other," Another said, "[Staff member A] has their crowd, if you are not in their crowd you are with [staff member B], it is like a silent divide." Staff talked about repercussions if they spoke out.

- One staff member told us, "Registered manager is aware of the concerns, but I believe he doesn't do enough to stop it." Another staff member told us the registered manager was, "Trying to be everybody's friend" and this resulted in, "A lack of leadership." Minutes from meetings did not include any discussions with staff as a group, about the culture at the service.
- We asked staff about the impact this negative culture was having on people. One staff member said they had heard people discussing information that could only have been gained from listening to other staff. This had also been identified during the staff survey.
- A staff survey in November 2021 highlighted cultural concerns. Staff had been encouraged to discuss any issues at a staff debrief at the end of each shift. A system was also introduced where staff were encouraged to discuss concerns with a named buddy each week. The registered manager told us the buddy system had not been wholly effective. Therefore, changes were being made which would include more supervisors and more supervision.

The provider was aware of these issues however insufficient action had been taken to address the culture at Tinkers Hatch. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we were told that further staff surveys had been sent out. We discussed the feedback we received with the registered manager and the provider. The registered manager told us he had already recognised this was an area which he required support and a consultant had been appointed to lead this support.
- Despite these concerns people demonstrated positive relationships with staff. They approached them freely to engage in all types of conversation. Staff knew people well and supported them with kindness and care.
- Staff told us about the registered manager. One staff member said, "Him knowing the service makes it much easier." Another staff member said, "He's incredibly supportive." A further staff member told us about comments they had received from agency staff in relation to the registered manager. "They've never seen a manager roll up their sleeves and get involved, he regularly baths clients first thing, helps with breakfast, pops to the shops with clients on a whim when they wish to buy something,"
- Family members spoke well of staff. One relative said, "It seems like one big family and I am always welcome." Another relative told us, "[Name's] care is very good, staff are exceptional, [name] is looked after very well."

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. In addition to their statutory responsibility the registered manager often contacted CQC and the local authority to discuss areas of concerns and ensure appropriate measures were in place for the benefit of people.

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

- People were engaged with the home through day to day discussions and weekly meetings. Weekly

meetings were held where people were able to discuss meals, activities, decorating, upcoming events or anything else they would like to discuss. One person from the cottage took the minutes from these meetings. We saw suggestions and ideas from the meetings were taken forward. People had been involved in decisions about the decoration of the lounge in the main house. Staff had created a mood board and decorated the room according to people's choices.

We recommend the provider consider individual meetings for the main house and the cottage. This would enable people to make decisions about the part of the home in which they live and promote independence.

- Peoples relatives were asked for their feedback through surveys. Relatives told us they were generally kept up to date about their loved one. One relative said, "They phone me, and I phone them." Another relative said, "They are getting better at contact by phone and email."

Working in partnership with others

Staff worked in partnership with other professionals to improve people's lives. This included professionals from the learning disability team, GP, district nurses and specialist staff for people's individual health and social care needs. Feedback from professionals was positive, with all saying the registered manager and staff worked for the benefit of people. One professional said, "They are a joy to work with." Another told us, "They clearly have the best interests of those under their care at heart."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive support that promoted their independence, skills and social needs 9(1)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working within the principles of the Mental Capacity Act 2005 11(1)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. Peoples records did not contain all the relevant information. Improvements to the staff culture had not been addressed without delay. 17(1)(2)(a)(b)(c)(e)