

CLBD Limited

95 Ashley Avenue

Inspection report

95 Ashley Avenue
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 August 2018 and was our first inspection of this service. The inspection was announced.

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

95 Ashley Avenue is registered to accommodate up to five people in a two-storey house, although the service had been set up to accommodate two people at the present time. At the time of our inspection one person was living at the service. People were not able to communicate their feedback and experiences verbally of living at the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. People had been helped to avoid preventable accidents while their freedom was respected. Medicines were managed safely and background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection. Accidents and incidents were reviewed and analysed by managers to reduce the chance of recurrence.

Care was delivered in a way that promoted positive outcomes for people and staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People were supported to eat and drink enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services. People had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness and they had been given emotional support when needed. They had also been helped to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. The service had not supported anyone at the end of their life. Confidential information was kept private.

People received person-centred care that promoted their independence. This included them having access to information that was presented to them in an accessible way. People were given opportunities to pursue their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. Suitable arrangements were in place to resolve complaints in order to improve the quality of care.

The registered manager had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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.

There were enough staff on duty to give people all of the care they needed. Appropriate checks had been completed before staff were appointed.

People received safe care and treatment and were protected by the prevention and control of infection.

People were safeguarded from the risk of abuse.

Medicines were safely managed in line with national guidelines.

Is the service effective?

Good 

The service was effective.

Care was delivered in line with national guidance and staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good 

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs and were supported to pursue their hobbies and interests.

Person centred care plans were in place and reviewed regularly. Equality and diversity were promoted by supporting people to meet their spiritual needs.

Suitable provision had been made to listen and respond to concerns and complaints. The service had not supported anyone at the end of their life.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

There were systems and processes to monitor the quality of the service and to consult with people about its development.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

95 Ashley Avenue

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 was planned to check 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.

This inspection took place on 30 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small care home. The registered manager may have been supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We also reviewed information that had been given to us by whistle blowers. We used all this information to plan our inspection.

People were unable to verbally tell us about their experiences, so we observed care and support in communal areas and staff interactions with people. We spoke with four staff, which included support workers, the deputy manager, the registered manager and a director. We also telephoned one relative to gain their feedback about the service.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service.

We looked at the provider's records. These included one person's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a range of audits, satisfaction surveys, staff rotas and training records, and policies and procedures.

The service had been registered with us since 6 October 2016, although registered the service remained dormant for over 12 months following registration. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. These plans also told staff the way in which they could best support people to reduce anxiety or worries. Staff knew people well and they were able to respond quickly when people were anxious or worried.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN).

Regular medicine audits were carried out by the registered manager or senior staff and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Topical applications (such as creams or ointments) were also recorded on a separate Medication Administration Record, which had details such as, what the cream was for, how much and where it should be applied. Regular competency checks were completed for all staff responsible for administering medicines. This helped to ensure people received all their medicines safely.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were two support workers and the deputy manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Overnight there were two staff to support people, one would be on a sleep night and on call should they be required to provide support. The deputy manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed.

The premises were clean and well maintained. The service had been completely refurbished, which had enhanced the environment and gave a homely feel. The home was clean and tidy, staff had completed infection control training and had access to personal protective equipment (PPE) such as gloves and aprons. Staff confirmed there was always enough PPE available.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Appropriate systems were in place to ensure people received their care and support in emergency situations. The provider had an on call arrangement to ensure that people and staff could access the management team in an emergency.

Is the service effective?

Our findings

There was a holistic approach to assessing, planning and delivering care and support. Comprehensive assessments of people's needs had been completed prior to moving into the service, these identified expected outcomes for people and were regularly reviewed and updated. Ensuring people received person-centred care.

The service was working in partnership with other organisations, and kept up to date with new research and development to make sure staff were trained to follow best practice. For example, they had recently introduced Non-Aversive Reactive Strategies (NARS) and reductions in restrictive practices as a model to support individuals with positive behaviour support. This method of supporting people was designed to reduce physical interventions when people displayed behaviours that may harm themselves or others. The registered manager told us about an upcoming event CLBD had organised. This was intended for staff and healthcare professionals to review how these strategies had worked in practice to improve outcomes for people.

Throughout the inspection and with feedback from healthcare professionals and staff we could see the impact the service had had on improving outcomes for people. One person had been living in an entirely inappropriate setting that had been detrimental to their wellbeing. We saw evidence of the improved life they were now living. We were shown photos of a variety of new activities the person had been able to try, with the support of staff that they had developed a trust in. A healthcare professional told us, "I have found all CLBD staff to be excellent in regard to all of the five CQC domains. They have been proactive, person-centred, timely and effective in the care planning and efforts to support {person} to live safely in the community."

People were supported to live healthier lives, with support to access healthcare services and receive ongoing support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians. A healthcare professional told us, "I consider it an excellent service." People were involved in choosing their meals, buying food and preparing some meals. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet.

New staff completed an induction programme that included online and classroom based training, competency assessments, shadowing experienced staff and office based tasks such as reviewing care files. Staff then continued to complete an ongoing programme of training designed to enable them to support people's specific needs. A training matrix was in place and staff told us they found the training to be 'very good'.

The registered manager and deputy manager completed supervision with staff. A mixture of formal supervisions and direct observations were completed when managers worked alongside staff. Staff told us they found the organisation to be supportive. Comments included, "They are very good to work for; open, honest and give us lots of preparation to support people" and "Supervisions are useful, but we also just talk

to each other. Any of the managers are really approachable."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager and staff had knowledge of, and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Applications had been made to the Local Authority for deprivation of liberty safeguards (DoLS) authorisations where needed and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The service had been adapted to meet the specific needs of individuals. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. People had personalised their rooms with items such as pictures and bedding individual to them. Some people required adaptations to be made to their furniture, and where this was the case, appropriate adaptations had been made. One room had been designed to be used as an art and craft room and we could see from the pictures displayed that it was well used. The garden was secure and well maintained.

Is the service caring?

Our findings

There was a person centred culture at the service, with care planned around the individual. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them, and supporting them in a way they preferred. A relative had feedback, 'The staff are very nice and kind people, they have a good relationship with {person} and listen to what {person} wants or doesn't want. {person} is really happy now.'

There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. People responded well to staff and looked comfortable in their company. We saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedroom. People were given discrete support with their personal care. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to and regular arrangements were in place to support those that needed it, to visit their family or for their family to visit the.

Staff told us at the time of the inspection that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. During our visit we heard staff discussing an upcoming planned healthcare appointment.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "We've spoken to {a relative}, they gave us lots of insight into {person} how they like to be supported."

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures displayed of the staff at the service and staff used pictures to support people to make choices. For example, when choosing a meal.

People were encouraged to be as independent as possible. Staff took the time to encourage people to participate in tasks with support, like doing their laundry, cooking and cleaning. One member of staff told

us, "{Person} now goes into the kitchen to prepare food and drinks with support. They load their washing into the machine and hang it out to dry."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

People's care and support was planned and delivered in a person-centred way. The registered manager and staff had worked with the person and their relatives, and included guidance from health and social care professionals when drawing up their care plans.

Care plans contained detail about individual's preferences of how they wanted support to be provided, such as if a person preferred a shower or bath, and at what time of day they liked to take it. They contained clear detail for staff, such as 'Pass the plug to {person} and they will turn on the taps.' Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible. Care plans clearly detailed people's cultural needs as well as their care and support needs. People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required.

When people displayed behaviour that challenged them or others, they had positive behaviour support plans in place. The plans provided guidance to staff on exactly how to support people. Each person had an 'about me' booklet that gave clear, specific detail about the person to help staff to get know them and likes and dislikes.

The service had not supported anyone receiving end of life care. It had been recognised that this was a sensitive subject, and an area that would be explored in the future.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

People were supported to follow their interests and take part in activities in the community. Activities were planned on an individual basis based upon the person's own individual wishes and preferences. They were recorded and reviewed by managers to gain an overview of activities that had been successful. Staff told us about different activities that a person had been gradually introduced to, as previously they had not participated in outings. There were many photos of people enjoying different activities both within and outside of the service.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

There were robust arrangements to ensure that complaints were listened and responded to in order to improve the quality of care. These included informing people in an accessible way about their right to make a complaint and how to go about it. There was also a procedure for the registered manager to follow to ensure that complainants were kept informed about how their concerns were being addressed. Since our last inspection the registered persons had not received any formal complaints.

Is the service well-led?

Our findings

The service was well led by managers that had good oversight of the day to day running of the service. Staff and people knew the registered manager and deputy manager well. Through conversations with the registered manager it was evident they were passionate about ensuring that people received high quality, person centred care. Feedback from relatives, staff and health professionals echoed this. A relative had feedback, "...helped a lot, in {person's} last place it wasn't very good; was depressed and unhappy. With CLBD {person} is more lively, more happy, goes out a lot more."

There was a registered manager in post, along with a deputy manager who had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe.

There were systems and processes to help staff to be clear about their responsibilities. Arrangements had also been made for a senior member of staff to be on call during out of office hours to give advice and assistance to staff should it be needed. Staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This helped to ensure staff were suitably supported to care for people in the right way. Staff had also been provided with written policies and procedures that were designed to give them up to date guidance about their roles.

The registered persons had made arrangements to enable the service to learn, innovate and ensure its sustainability. They had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. Any shortfalls identified had been addressed.

The management team kept up to date with good practice by attending provider and registered manager forums. The registered provider had introduced support and assistance from the American Founder of Positive Behaviour Support in relation to researching and developing non-aversive reactive strategies. A conference was planned in the weeks following the inspection for staff to attend.

The management team had attended local conferences and events to enable their learning and build relations with other providers and healthcare professionals. They had also signed up to receive newsletters such as from the CQC and medical devices and patient safety alerts. These enable organisations to take any required actions if the people using the service used medicines or equipment affected.

People who lived in the service and their relatives had been invited to make suggestions about how the service could be improved. We saw that positive feedback had been received from relatives. There had been limited opportunity to seek feedback at the time of our inspection as the service had only been operational for a period of around nine months. The service worked in partnership with other agencies to enable people to receive 'joined-up' care.

