

CLBD Limited

School Lane

Inspection report

35 School Lane
Iwade
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Kent
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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

School Lane is a residential care home for up to three people with a learning disability, autism and a mental health condition or complex needs. The property is a detached bungalow on a residential street with a staff office in the garden. There were three people living in the home when we visited.

At our last inspection on 11 and 15 April 2016 we rated the service good. At this inspection on 7 November 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had 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 could live as ordinary a life as any citizen. These values were seen in practice at the home. For example, the building was like any other on the road with no signs to show it was a care home. Staff did not wear uniforms and people lived their lives in the ways they wanted.

People were kept safe from abuse and avoidable harm and could speak to staff if they had any concerns. All risks to people were assessed individually and there was detailed guidance available for staff. There were enough suitably trained and safely recruited staff to meet people's needs. Medicines, including 'as required' medicines, were received, stored, administered and disposed of correctly. The home was maintained and clean. Staff understood how to prevent and control infection and all the necessary health and safety checks were completed to ensure a safe environment. Accidents and incidents were recorded, analysed and reviewed to identify any trends and to prevent future reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs had been assessed before they moved into the home. People were supported with their goals and achieved good outcomes. There was a significant reduction in people's behaviour that challenges and therefore the use of any physical intervention or use of medication for this. People's care records had clear guidance for staff on how to be supported with their needs in the way they wanted and staff took the time to get to know people by chatting with them. People were offered choice around their food and were involved with planning, shopping and cooking their meals. People had access to the healthcare they needed.

People were supported in a relaxed way by caring staff who respected them and promoted their independence. People were involved with all aspects of their day to day support and the running of the home. Staff protected people's privacy and dignity and supported them to keep in contact with their

families.

People received personalised care which was responsive to their needs. Support plans focused on outcomes for people and the support they needed to meet these outcomes and to be in control of their own lives. In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. People could raise any complaints they had. The complaints procedure was accessible and the provider actively sought feedback from people and their relatives.

The management team consisted of two deputy managers, a registered manager and the directors. People and relatives said the home was well managed. Staff understood the vision and values of the and felt supported by the management team. The managers promoted a positive, person centred and professional learning culture, had good oversight of the quality and safety of the, and clearly understood and managed any risks. Audits were completed which identified any improvements needed. There was good record keeping and monitoring to ensure people received the support they needed. People were engaged in the home and there was good communication within the staff team.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

School Lane

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 comprehensive inspection took place on 7 November 2018 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information available to us about this home. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that we ask providers to complete at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law. We took this into account when we inspected the home and made the judgements in this report. We asked commissioners for feedback but did not receive any.

During the inspection we met all three people who lived at School lane. We observed the interactions between staff and people. We inspected the environment, including the kitchen, bathroom and people's bedrooms. We spoke with three people, two care staff, two deputy managers, the registered manager and director (the nominated Individual). We also spoke with a visiting health professional. Following this inspection, we spoke with three relatives and one care staff.

We reviewed three people's care records. We looked at medicines records. We reviewed four staff recruitment files, staff induction and training records and a variety of records relating to the management of the home including staff rotas, surveys and quality audits.

Is the service safe?

Our findings

People and their relatives told us they had no concerns with their safety and would speak with the staff or registered manager if they did. One person, when asked if they felt safe and could report any concerns said, "Yes, I'm pretty independent. Here is actually amazing. I could talk to any staff. There is no-one I feel I couldn't talk to."

Safeguarding and whistleblowing policies were in place and worked in line with Local Authority safeguarding procedures. The provider had notified us of any concerns. Staff had received training, were able to recognise the signs of abuse and could tell us what they would do in the event of a safeguarding concern. Staff told us they were confident that the registered manager and deputy managers would act immediately. One staff member said, "I could speak to the manager, they are here most of the time. I tell the manager what I see and ask for their advice. I would be listened to." Appropriate systems were in place which ensured information held about people was secure.

Risks to people were assessed on an individual basis and there was detailed guidance for staff in people's care records. Risk assessments considered the risk of harm to self, from others and to others and had detailed risk reduction plans.

There were enough suitable staff available to keep people safe and meet their needs. This was evidenced by rotas and feedback from people and staff. Rotas were planned around people's needs and their activity plans for the day. For example, where they needed two staff when going out in the community. One staff member told us: "We are well staffed. I feel strongly that clients' needs are being met." A safe recruitment and selection process was in place and all staff had been subject to criminal record checks before starting work. These checks were done by the Disclosure and Barring Service (DBS) and supported employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Medicines, including 'as required' medicines, were received, stored, administered and disposed of correctly. People had an individualised medicine administration sheet (MAR), which included a photograph of the person and their known allergies. MAR charts are a document to record when people received their medicines. There was clear guidance for staff on how to support people to take their medicines. People's medicines were securely and safely stored in a locked cupboard and they were administered by staff who had received appropriate training and competency assessments.

The home was maintained and clean. Staff understood how to prevent and control infection and people confirmed that staff followed procedures, for example wearing gloves. All the necessary health and safety checks were completed, for example around fire safety, fridge and water temperatures and Legionella.

All accidents and incidents were recorded and the cause reviewed to prevent future reoccurrence. Incidents of behaviour that challenged were analysed by the providers behaviour support practitioner and where needed a debrief was given to the staff members involved. This allowed staff to be supported whilst identifying any improvements which could be made. Senior managers met monthly to identify trends and

plan where the behaviour support practitioners need to support staff teams.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home. People's needs for a transition and compatibility with other people who live in the home were well considered. Care staff worked alongside people's previous care staff prior to them moving into School Lane to get to know how to support the person. The registered manager told us how one person was thought to need a secure unit but they believed they could support the person in residential care instead as this would be a less restrictive option. The person moved into School lane and the provider has successfully managed to support the person effectively and achieved good outcomes. For example, there had been a reduction in the persons behaviour that challenges and less use of 'as required' medication to manage their behaviour that challenges.

People's needs assessments were kept up to date and reflected in people's care records. People's care records had clear guidance for staff on how to be supported with their needs in the way they wanted. Care plans and risk assessments described fully how to support people with their behaviour that challenges. Positive behaviour support plans were used and staff received training in positive behaviour support.

People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and within people's care plans. This meant people were protected from unfair treatment in relation to identified personal characteristics: people's age, disability, race, religion, gender, sexual orientation and gender reassignment. One person told us how their needs were met in this area and described the food they would cook from their cultural origins. Some people chose to go to church.

The provider ensured managers and care staff had the right induction, training and on-going support to fulfil their roles. Staff recruitment files and training records confirmed this. Staff told us they had received an induction, on-going training, competencies assessment, supervision and where required appraisals. One staff member described how their induction included time spent chatting with people and getting to know them.

People had enough to eat and drink, were supported with their dietary needs and were offered choice. People were supported to menu plan, shop and cook. One person told us what they had chosen for dinner that night.

People were supported to live healthily and access the healthcare they needed. The provider worked with other organisations to meet individual's health needs. For example, a community nurse visited one person at home. Records confirmed this and included hospital passports. These were documents to help provide important information when a person was admitted to hospital. For example, how the person wished to communicate and any allergies they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home was working within the principles of the Mental Capacity Act 2005 and was supporting people as

identified in their DoLS assessments. One person had signed their care plans to show that they consented to their support.

Is the service caring?

Our findings

Everyone told us that staff were caring. One person said, "This place is like a family. It's amazing. We have banter and down days and can cry with each other. They are massively caring." Another person said, "All the team have been very good. They are nice, caring and kind. If I want something they help me." We observed positive and caring interactions throughout the day and there was a relaxed and friendly atmosphere in the home. One relative said, "They do a very good job, they're caring, not only do they care about (name), they care about me. They are very supportive towards me. They have a good relationship with (name)."

The management team were committed to ensuring there was a culture which treated people with kindness, respect and promoted their independence and this was achieved. People were encouraged to be involved with all aspects of their support and the home, from shopping and cooking meals to interviewing for new staff. Weekly meetings were held with people to decide on menu plans and activities. People's rooms were personalised to their tastes and interests.

People were encouraged to be as independent as possible. For example, one person checked their money was correct every day with staff support and recorded the information. One staff member told us how they encourage people to butter their bread when they are supporting them to make a sandwich. Another staff member said how they encourage people to help with their own laundry.

People were involved in developing their risk assessments and support plans as much as possible. One person said, "They read out the question to me and I tell them what I want." Relatives told us they were kept informed if anything happened and were involved with care reviews. One relative said, "I have a good relationship with staff, they update me." One person was using advocacy services to support them with an important decision in their life. Advocacy services offer trained professionals who support, enable and empower people to speak up. One staff member said, "Involving people in planning their care is a key part of everything we do, they are all able to express their desires, we work in a person-centred way and promote their independence."

The home had received positive feedback from questionnaires they had completed with people and their relatives. For example, one relative had written, "They are always proactive in their approaches, they listen to the people they support and try and support the individual to develop." One visiting professional told us they visit two weekly and said, "It's a lovely service, the staff are friendly and I've never had a problem."

People told us that staff protected their privacy and dignity. Staff described how they did this, for example knocking on people's bedroom doors and waiting to be invited before entering; and asking people's permission before doing something. People were supported to keep in contact with their families. Relatives told us how staff bring their loved one to see them or pick them up and take them to lunch with their relative.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Support plans were detailed and person centred. For example, they looked at what was important to the person, including their achievements and goals, what they liked and disliked and how they wanted to be supported. Support plans focused on outcomes for people and the support they needed to meet these outcomes and to be in control of their own lives. For example, one person was working towards administering their own medication with staff support.

The providers approach to positive behaviour support had resulted in a reduction of people's behaviour that challenges. In the last year there had been no use of 'as required' medicines for people's behaviour and no use of restrictive interventions. This was a significant achievement for the people who lived at School Lane and evidence of effective outcomes. People had comprehensive positive behaviour support guidelines in their support records for staff to follow which included people's triggers and strategies to manage their behaviour that challenges.

The provider was working alongside external professionals in positive behaviour support to train their managers, staff and support people. They were also piloting the use of 'Mindfulness Based Strengths Practice' (MBSP) for people living with a learning disability. MBSP is about building on people's character strengths. People had engaged with this and had completed a character strengths survey to help them to achieve a better understanding of themselves. In turn, staff were completing these and were encouraged to consider their own actions and approach to supporting people. One person said, "Mindfulness is good for your heart and soul. You look at yourself and can stop things escalating."

In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. The home had their own vehicle which enabled people to access their community and one person was actively using public transport. People were encouraged and supported to take part in activities they liked in the home and within their community. One person described how they went to other services and played their guitar and sung for people; and how they were planning to start a diploma in music. Another person told us how they liked to watch football on the television or look around charity shops for records they liked.

People's support was in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. There were visual aids around the home, for example daily plans and documents were produced in easy read formats with pictures. Information about people's communication needs was available in their care plans.

People and relatives told us they would raise any complaints they had with the staff or deputy managers. One person said, "They always listen." One relative told us they have not had any reason to complain but think they would be listened to and would talk to the manager. Another relative said the same and that, "They would act on it." The complaints procedure was available. The provider actively sought feedback from

people and their relatives.

Is the service well-led?

Our findings

There was a registered manager in post at the home. 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 and relatives told us they thought the home was well managed. Staff understood the vision and values of the home. Staff told us they felt supported by the management team. One member of staff said, "It is definitely well-led. I'm happy with the way the service is run. It's a nice place to work. It's by far the best care home I've worked in with regards to staff... Its more individual to the clients, you don't realise this until you see it. I'm happy as the (people) are happy."

The registered and deputy managers promoted a positive, person centred and professional culture, had good oversight of the quality and safety of the home, and risks were clearly understood and managed. One deputy manager described how their least restrictive approach works for people and said, "We put the needs of clients first, give them opportunities."

Internal audits were completed, for example on medication, complaints, finance and care files. A service audit had been undertaken by a senior manager that had identified actions for improvements which had been completed. Surveys had been done with people, relatives and staff which showed people were happy with their support. Record keeping was good and included monitoring to ensure people received the care they needed. The provider promoted continuous learning by reviewing audits, feedback and accidents and incidents.

The registered manager was open and receptive to feedback. People were engaged in the home through day to day conversation as well as more formal methods, such as surveys and meetings. Regular management meetings and team meetings took place to ensure good communication within the staff team. People joined the end of staff meetings to give their feedback to the staff team. The managers and staff worked in partnership with other services, for example community pharmacists, district nurses and positive behaviour support organisations to ensure people's needs were met.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about important events that had occurred and had met all their regulatory requirements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings and it was on the provider's website.