

CLBD Limited

School Lane

Inspection report

35 School Lane
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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

We carried out this inspection on the 11 April 2016 and it was unannounced.

School Lane provides care and accommodation to up to three adults. The home offers 24 hour support to individuals with a learning disability, complex needs and / or a mental health diagnosis through a person centred approach. There were three people living at the home at the time of our inspection.

People were able to communicate their preferences regarding day to day activities. People we spoke with said that they were happy and that the staff looked after them well. There was a homely atmosphere within the home and happy banter between the staff and the people who lived there. The home has a registered manager and a manager who provides the day to day running of the home. Staff during the day were on the rota on a one to one basis with a manager working supernumerary. The registered manager also visited the home often and was always available. People went out in to the community most days if they wished to. Staff responded quickly and took time to listen to what people wanted. We observed staff supporting people and encouraging them to do things for themselves.

A registered manager was employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

It was evident by the way staff spoke to, and about the people that staff respected them. Staff encouraged and supported people to undertake daily living skills. People were supported to keep their rooms clean and tidy, but people were able to choose and if they did not want their room clean staff respected this. Staff had been trained to recognise and respond to the signs of abuse. Conversations with staff showed that they were confident about the action they would take if they suspected any abuse. Staff understood the whistle blowing policy and how it protected them if they needed to report a colleague for abusing someone. All staff had received the relevant training and could give examples of the type of abuse they may see in a residential home setting.

Staff were knowledgeable about the needs and requirements of people at the home. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs. Families were also involved when appropriate.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. People were able to choose what they wanted to eat and drink. Two people assisted with the shopping so they were able to see and choose what they may like to eat. Staff knew what people's likes and dislikes were around food and were encouraging people to have a healthy diet.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

There was a complaints procedure which gave people an explanation of how their concerns would be handled. This was available to people in a format that they could understand and it is in the Statement of Purpose which had been given to families when people came to live at the home.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the home was run.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses.

Staff received supervision and annual appraisal from their manager to ensure they had the support to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space

when they wanted some time on their own.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The registered manager had a complaints procedure, which was understood by staff and people living at the home.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focused on people. The registered manager and managers sought people and staff's feedback.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2016, was unannounced and carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection. A notification is information about important events which the provider is required to tell us about by law.

We observed the people using the home and spoke with two people during the visit. We spoke with one relative about their experience of the home. We spoke with the manager and registered manager of the home, and two members of staff. We also spoke with a health professional visiting on the day.

We spent time looking at records such as; policies and procedures, these included incident and accident monitoring systems. Medication records, a person's care plan file, staff rota, and training records.

This was the first inspection since registration as School Lane, in June 2015.

Is the service safe?

Our findings

People we spoke to said they felt safe living at School Lane. One said, "I like it here and I know I am safe here, the staff look after me. Another person said, "I am good, I am safe and it's my home". Our observations showed that communication between staff and people was good, there was a relaxed atmosphere and people were comfortable telling staff when they did not want to do things. Two spaces A relative told us that they were very pleased with the service and he was totally confident that his son was safe in their care. They told us, "He hated going home after a visit where he was before here. I can't wait to get back, he tells us this is his home". A health and social care professional told us, "Yes I believe my client is safe here, he would say if he wasn't".

There were enough staff with the right skills and experience to care for people safely and meet their needs. The staff duty rotas demonstrated how staff were allocated on each shift. The rotas showed there were sufficient staff on shift at all times. Staff told us if a person telephones in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to support people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, like going shopping or going out for ride in the car. A health and social care professional told us that she has always seen enough staff on duty, and said that her client often goes out and there always staff available to do this. Staffing levels were assessed depending on people's needs and adjusted according to the activities happening day to day. The relative we spoke with said, "There always seems to be plenty of staff around when I visit and I know when my son wants to go somewhere it never seems to be a problem".

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as self-harming. People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. There were the homes policies and procedures and the local authority safeguarding procedure for Kent and Medway available for staff. The staff were given time to read the policy and they sign to say they have read and understood the training. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they felt that the management had not taken action or they felt uncomfortable speaking to the management of the home. Whistle blowing was discussed with staff, they knew that they would need to report if a colleague abused a person in their care. They said that they would feel comfortable doing this. They also understood that they would be protected under whistle blowing, in that they would not be penalised by the manager or other staff in the home.

Staff knew how to report accidents and incidents in the home. The registered manager monitored accidents and incidents. They looked for patterns of behaviour or recurring incidents so that they could respond to try and stop them happening. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised and that safe working practices were followed by staff. For example we were told how to stay staff while we were at the home.

Medicines were kept safe and secure at all times. Each person's medicines were locked in a cupboard inside a cupboard. There were no controlled medicines administered at this time. Any medicines that were no longer needed or were refused were disposed of in a timely and safe manner. These medicines were also stored in the lockable cupboard until they were collected and signed for. We saw the returns book being completed and accurate records being kept of their disposal with a local pharmacist. This demonstrated that the provider ensured medicines were kept safe.

There was a system of regular audit checks of medication administration records and regular checks of stock. The staff handed over and checked the medicines each day. Medicines come into the home in blister packs and boxes. The boxed medicines were PRN (when necessary) or not suitable for distribution in the pharmacy filled blister packs. Staff signed the medication record MAR sheets to show the medicines had been received bringing forward the total of any medicines that remained in stock from the previous month. MAR sheets have areas for staff to record incoming medicines and their signature. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There was a contracts for servicing regarding the building such as boiler, gas and electric checks. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People's risks if they needed to evacuate was recorded. Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). This personal emergency evacuation plan was written to meet each person's individual needs. Therefore people could be evacuated safely. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced.

Is the service effective?

Our findings

One person said, "The staff look after me, if I am not well they take care of me they do". We saw that people could make their own decisions about their care and routines. People told us about their experiences and the activities they liked to do. We spoke to one relative who visited the home. They told us that they believed the staff had the skills and understanding they needed to care of their relative. "The staff have a very good understanding of my son and how to meet his needs. They know him well and know how to keep him calm in situations he gets anxious about. This home and the staff has made a massive difference and given my son a much better quality of life".

Healthcare professionals commented as follows, "Staff have a good understanding of capacity and consent". "Staff make referrals appropriately, and seek advice when they need to". Another said, " Staff appear well trained and are enabling the people to lead a better quality of life".

New staff received an induction and were given the opportunity to familiarise themselves with the homes policies and procedures. They would also shadow permanent staff until it was felt that the person was confident and competent to undertake the required tasks unsupervised. Staff spoken with had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as autism.

The provider promoted training, and a senior staff and the home manager from the organisation were completing a PRO-ACT SCIPr-UK training programme and would be able once completed to act as instructors to train other staff within the organisation. PRO-ACT SCIPr-UK training focuses on prevention rather than intervention and follows a positive behavioural support model. Other staff were also doing health and social care diplomas for people with learning disabilities. This showed that management equipped their staff to undertake training that would give them the skills to provide a safe and quality service.

Staff were supported through individual one to one supervision meetings and an appraisal each year. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. When staff were new and if there were any issues then supervision was increased to give the staff member more support.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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.

Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member spoke to us about how one person had some capacity but did not always make good choices, however we still respect their choices. One staff member told us, "We can speak to them, for example about how important it is to drink plenty and hope they will consider this advice in the future". The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff said that they always asked for people's consent before assisting with personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. Staff acted on people's responses and respected people's wishes if they declined support.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. People's changing needs were observed and recorded on a daily basis. The information was monitored and reviewed by the manager. People's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to have a balanced diet. The menu gave people a variety of food they had chosen at their weekly meeting. The staff knew people's likes and dislikes and explained that although there was a menu if they wanted something different on the day they had what they wanted. What people had eaten was recorded and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight. Staff explained how they were encouraging one person as they wanted to lose weight. The person said, "I need to lose weight so I am going to eat healthy. I am going to the gym, I started last week it was good". However the day had started well, but by lunch time they had changed their mind.

Management had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks.

Is the service caring?

Our findings

One person said, "I live here this is my home and the staff are kind". We observed that staff communicated well with the two people we met, and there was a warm and friendly atmosphere in the home. Another person said, "I get on well with the staff. I like going shopping, that's my favourite. The staff never mind taking me shopping, I choose what I want to do and everything".

We spoke with an advocate visiting a person at the home. They said, "I have no issues with the home, the staff are open and friendly and the people here appear well looked after. Staff put the people first".

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. We met one advocate who was supporting a person at the home. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

There was a relaxed atmosphere in the home and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

We observed that staff respected people's privacy and did not disturb them if they didn't want to be disturbed. For example, one person had decided he was staying in bed and did not want breakfast, this was respected. People were asked if they would like to speak with us, and agreed before we could see them. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity.

People were able to personalise their bedrooms. Two people showed us their bedrooms and talked about their hobbies and how the staff supported them with these. One person told us about his room being decorated and said that he had chosen the colour for the walls.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity. We found the staff team was committed to delivering a service that showed compassion and respect for people. People's information was treated confidentially. People's individual care records were stored securely in the registered manager's office, but were available to people and staff.

Staff used terms such as 'enabling', 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence. Staff spoke about the people they supported in a caring way and they also told us they promoted people's wellbeing. Staff told us they listened to people, they encouraged and respected their wishes and choices. People confirmed this, one person said, "I get to decide things for myself, they know I am likely to change my mind but they still ask". Another person told us, "I am always asked about what I want to do". We heard staff asking people what they wanted to do on the day, if people were not sure they made suggestions and people were then given time to think about it. One staff member said, "It is nice to

see the people become more independent and because this means they can do more they are happier. Sometimes the improvements are slow but they make a difference".

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people or their relatives. Support plans were personalised and showed people's preferences had been taken into account.

We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day.

Staff told us that they encourage people when appropriate to stay in touch with their families. On the day one father visited his son and took them out shopping with a member of staff. It was apparent that the father had a good relationship with staff.

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks or decide what they wanted to do. We asked one person if they were going out for the day and they said, "Yes, I am going shopping", it was their favourite activity.

Each person's needs including medical and social needs had been assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

People's care records were updated to reflect any changes in their needs. For example, people had regular visits from health professionals such as psychologist, and psychiatrist. If they recommended changes then these changed were put in their care plan and staff were informed. A staff member told us, "One person's needs changed after they visited the GP. We reflected the changes in the care plan, medicine administration records and the rota in order to meet the person's needs". This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's needs. This included the local authority's mental health team and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

Daily records confirmed that activities were promoted regularly based on individual's wishes. There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. For example, one person loves to go shopping. We saw in their records that staff regularly supported them to do this and they were always asked if they wanted to go to help with the home's food shopping. Other activities enjoyed by people in the home were bowling, gym, and trampolining. One place they visit has a hurricane machine which is a new sensory machine. One person likes to feed the birds in the garden, and likes to put bread out every day on the bird table.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability to understand. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's

complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. One relative told us they knew how to raise any concerns and were confident that management would deal with them appropriately and resolve these. Staff told us that people showed their concerns in different ways either verbally, or by different behaviours, including self-harming. Concerns were dealt with at the time they were raised by people.

Is the service well-led?

Our findings

People told us that they got to choose what went on in the home. We saw from the minutes of meetings that there was a weekly meeting when people were able to talk about what they wanted to happen. One person said, "The staff like us to speak up and say what we think". Another person said, "The staff are alright to talk to". People said that they talk to all the staff and the managers.

A relative and staff told us that they thought the home was well-led. They said the registered manager and /or the day to day manager was there most days. There was an on call system, and they had a contact number for the day to day manager who was normally on call and the registered manager if they needed it. Staff said, "As this is a small home they work well as a team". All staff said that they could always talk to the day to day manager and the registered manager. That they were both very approachable and supportive".

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The day to day manager told us they were well supported by the registered manager who provided all the resources necessary to ensure the effective operation of the home. The registered manager explained that they had employed another manager who was currently undertaking visits to the home regularly to audit the home. We found that the provider had effective systems in place for monitoring the home, which the day to day manager had fully implemented. They completed daily, weekly and monthly audits of all aspects of the home, such as medication, cleaning, learning and development for staff. They used these audits to review the home. We were told that if the audits identified areas they could improve upon then an action plan would be produced. These checks were also carried out to make sure that people were safe.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system.

The registered manager, day to day manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. The management team encouraged a culture of openness and transparency. Their values were described in the Statement of Purpose, so that people had an understanding of what they could expect from the home. It stated, 'The aim of the home is to provide a safe and homely environment that promotes empowerment, independence and choice, whilst enhancing the individuals' daily living skills'. All the staff demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that were being decorated to the individuals taste.

Minutes of staff meetings showed that staff were able to voice opinions. Staff we spoke with said they felt

comfortable in contributing to meetings and when they brought up issues they felt supported. The registered manager had made sure that staff wellbeing was taken seriously and extra support was being provided through an outside agency who they used for training.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the home.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the home. This ensured that people could raise issues about their safety and the right actions would be taken.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.