

CLBD Limited

6a Sheerstone

Inspection report

6a Sheerstone
Iwade
Sittingbourne
ME9 8RN

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29 March 2022

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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

Overall Summary

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

About the service

6a Sheerstone is a residential care home providing personal care to up to one person. The service was specifically designed to provide support to one person in one adapted building. At the time of our inspection one person was using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;

The service was commissioned to meet the needs of the person using the service. Care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met the person's sensory and physical needs. The person living at the service had adapted their bedroom to their liking and was supported to make changes and their independence was encouraged.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

The needs and quality of life of the person formed the basis of the culture at the service. Staff understood their role in making sure that the person was always put first. They provided care that was genuinely person centred.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

Support met the person's needs and aspirations. Support focused on quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their family and other professionals as appropriate. The person living at the home, made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

- The person living at the service was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

- The person living at the home was able to lead a confident, inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff.
- The leadership of the service had worked hard to create a learning culture. Staff felt empowered to participate in their learning and suggest improvements. There was a transparent and open and honest culture between the person, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- The person living at the home was supported to be independent and had control over their own life. Their human rights were upheld.
- The person living at the home received compassionate care from staff who protected and respected their privacy and dignity and understood their individual needs. Communication needs were met and information was shared in a way that could be understood.
- Individual risks were assessed regularly in a person-centred way. The person living at the home was involved in managing their own risks whenever possible and had opportunities for positive risk taking.
- Behavioural support plans were in place to support behaviours that could challenge the person or others, these plans reduced the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
- The person living at the home received care and support from trained staff able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- The person living at the home was supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured they were kept safe and received a high quality of care and support in line with their personal needs. The person and those important to them, worked with leaders to develop and improve the service.

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

Rating at last inspection

This service was registered with us on 12 November 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

6a Sheerstone

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

6a Sheerstone is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 6a Sheerstone is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and staff were able to inform the person living at the home that an inspector will be visiting their home.

What we did before inspection

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

During the inspection

We spoke to four members of staff including the registered manager and three support workers. The person living at the home was unable to tell us about their experiences, so we observed care and support in communal areas. We reviewed a range of records, including medicine administration, staff recruitment files, support plans and safety checks.

After the inspection

We reviewed a range of records including risk assessments, incident and accident reports. We also reviewed a range of policies and procedures including Infection Prevention Control.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person living at the home was kept safe from abuse. Staff understood how to protect people from abuse. The service had safeguarding procedures in place and worked well with other agencies to highlight safeguarding concerns.
- Restrictive practices were only used where the person posed a risk to themselves or others, as a last resort, for the shortest time possible. Staff had received training in restraint and de-escalating behaviour.
- Staff understood that restrictive interventions include restraint, segregation and seclusion.
- The service recorded all incidents where the person's behaviour could challenge themselves or others including where restrictive interventions were used. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately.

Assessing risk, safety monitoring and management

- The person living at the home was kept safe from avoidable harm. The service had enough staff, who knew the person and they had received relevant training to keep them safe. The staff we spoke to knew about risks and how to support people to minimise them.
- Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. The person living at the home was involved in managing their own risks whenever possible, for example, they were supported to attend community-based activities and visit people important to them.
- Care and support was provided in a safe, clean, well-equipped, well-furnished and well-maintained environment. The environment met the person's sensory and physical needs. We observed the person utilised the whole home for a variety of activities important to them.
- Care records for the person living at the home were accessible to staff, and it was easy for them to maintain high quality clinical and care records. Staff updated care plans and records using a handheld tool and this was recorded on an on-line database. We reviewed this and saw that care plans were regularly updated, and daily interactions were recorded in real time.
- Staff had a high degree of understanding of the person's needs. Their care and support was provided in line with their care plan.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped ensure only suitable staff worked with people.
- Recruitment records were correctly maintained. Application forms had been completed by new staff with any gaps in employment explored. Applicant identification and references were checked, and records kept.
- There were enough staff to meet the person's needs. The service identified the staffing ratio required to

meet their needs. The registered manager ensured that safe identified staffing levels were maintained and staffing rotas demonstrated they were met.

Using medicines safely

- The person's medicines support needs were included in their care plan. They received the correct medicines at the right time. Staff followed systems and processes to safely administer, record and store medicines. Medicines were regularly reviewed to monitor the effects on their health and wellbeing. Managers assessed staff to ensure they were competent to administer medicines safely.
- The registered manager understood and implemented the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) and ensured that the person's medication was reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider facilitated visits to the care home, this aligned with current government guidance.

Learning lessons when things go wrong

- The registered manager maintained the person's safety and investigated incidents and shared lessons learned with the whole team and the wider service.
- The registered manager and facilitations director reviewed incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and observations confirmed this.

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

- Care and support plans were holistic and reflected the person's needs and aspirations. These reflected a good understanding of identifying needs with relevant assessments in place, such as communication and sensory assessments.
- Staff took the time to understand the person's behaviours and what may be causing them. They completed functional assessments and referred to other professionals for support where necessary.
- Support focused on the person's quality of life outcomes and met best practice. Support was provided in line with their care plan including communication plans, sensory assessment and positive behaviour support plans.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that if the person living at the home lacked capacity or had fluctuating capacity, decisions were made in line with current legislation, and reasonable adjustments were made to meet their needs and their human rights were respected.

Staff support: induction, training, skills and experience

- The person living at the home received support from staff who had received relevant training, including around learning disability, autism, mental health needs, human rights and all restrictive interventions.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. We observed a new member of staff undertaking their induction, they shadowed two experienced members of staff.
- The person living at the home had access to a range of meaningful activities in line with their personal preferences. Staff provided support with self-care and everyday living skills, this was provided in a person-centred way.
- The person's human rights were upheld by staff who supported them to be independent and have control over their own lives.

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

- The person living at the home was involved in choosing their food and planning their meals. Staff supported them to choose a balanced diet, prepare and cook their meals. They could access drinks and snacks at any time.

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

- The service was created specifically for the person that lived there. The design and decoration met the

needs of the person living there.

- The person living at the home had personalised their room to their liking and were supported by staff to do so.

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

- The person living at the home was referred to other healthcare professionals, such as the GP, when appropriate. They had good access to physical healthcare and were supported to live healthily.
- The person living at the home chose the activities they took part in. This formed part of their care plan and we observed that the person was supported to achieve their goals and aspirations. We observed the person being asked what they would like to do and being supported to do it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All restrictive interventions were monitored and reviewed. Plans were updated to reduce future restrictive interventions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person living at the home was able to make choices for themselves and staff ensured they had the information they needed. Staff ensured the person understood and controlled their treatment and support. We observed staff offering different activities. The pace of change between activities was led by the person, staff were calm and clear in their communication and the atmosphere was relaxed.
- The person living at the home took part in making decisions and planning of their care. Care plans were shared with them using communication methods appropriate to their needs, such as pictures. Care plan records detailed what support was offered and whether the person accepted or declined the support.
- Staff maintained contact and shared information with those involved in supporting the person living at the home, as appropriate.
- We observed the person living at the home being supported. The person received kind and compassionate care and seemed comfortable with the staff members offering support to them. During our inspection we observed the person approaching staff and using gestures to communicate what they wanted, staff understood what the person wanted and supported the person accordingly. The person was able to gesture they were happy with the support offered.

Respecting and promoting people's privacy, dignity and independence

- The person living at the home had access to independent, good quality advocacy. Staff supported them to maintain links with those that are important to them. They regularly met with people important to them, attended activities and were supported to have breaks away from the home.
- Staff protected the person's privacy and dignity and understood their needs. The staff we spoke with knew the person well. They were able to demonstrate what was important to them and how to support them to achieve it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person living at the home had their communication needs assessed and this was included in their care plan. Staff used the identified communication methods to explain things and support the person living at the home.
- The person's sensory needs were considered and met. The service's design, layout and furnishings supported the person and met their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person living at the home had their social and cultural interests assessed. These were detailed in their care plan. The person was supported to attend community activities, maintain contact with those important to them and participate in activities that interested them at the home. Their care plan was person-centred, and the actions contained within matched our observations.
- The person living at the home was supplied with a tablet computer, which was important to them. Their care plan detailed the importance of this device to the person and how it can be used to prevent isolation and support positive behaviours.

Improving care quality in response to complaints or concerns

- The person living at the home, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had policies and procedures in place to treat all concerns and complaints seriously, investigate them and learn lessons from the results.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. The provider promoted equality and diversity in its work. We spoke to one member of staff about the Registered Manager, they told us; "She is very approachable, I have been able to speak to her about my personal issues. If you have an issue, she is very quick to resolve it". Another told us; "She always has time to listen and generally able to provide advice".
- Staff said they worked well together to achieve good outcomes for the person living at the service. One member of staff told us; "We strive to do more for [for the person living at the service], we work with [the person living at the service] to do more for themselves".
- Staff said there was a positive culture at the service. One member of staff told us; "We're a good team here, we work together despite some challenging behaviour. We utilise each other's strengths and overcome problems".
- The service was developed to specifically support the one person living at the service. The design, layout and support provided was developed considering the needs and equality characteristics of the person living at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager contacted appropriate authorities and informed them of accidents or incidents involving the person who lived at the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and understood the service they managed. They had a vision for the service and for the person who used the service. They were visible in the service and approachable to the person living at the home and staff.
- Staff said they were well trained and supported to fulfil their roles. One member of staff told us, "I have been offered additional training and regularly have formal and informal supervision".
- The registered manager and staff were clear about their roles and had a good understanding of quality

performance, risks and regulatory requirements. The registered manager had submitted statutory notifications to the CQC as required.

- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.

Continuous learning and improving care

- The registered manager and other leaders performed regular audits for different areas of the service. This enabled them to ensure quality and safety checks were being undertaken by designated members of staff. These audits allowed the service to learn from any incidents and improve the care provided to the person living at the service.
- The service worked closely with a range of different professionals and agencies to improve outcomes for the person living at the service.

Working in partnership with others

- Referrals had been made when support was needed from other healthcare professionals. This included dietician and medication reviews.