

CLBD Limited

26 Seabrook Road

Inspection report

26 Seabrook Road
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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

The inspection took place on 6 and 10 October 2017 and was announced. We gave the provider short notice of the inspection so they could prepare people for our visit. This was the first inspection of this newly registered service.

The service provides complex specialist support to up to five people who have a learning disability and/ or a mental health condition. There were three people living at the service when we inspected.

There was a registered manager who was supported by a manager and deputy manager. 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.

The registered manager was experienced in managing services and working with people living with mental health conditions and learning disabilities. The registered manager spoke passionately about wanting to provide good support to people and to enhance people's quality of life. They worked closely with professionals and organisations to give people the best possible support based on current best practice. The values of the provider organisation were to provide a 'safe and homely environment that promotes empowerment, independence and choice.' All the feedback we received from people, relatives, staff and visiting professionals about the service was positive.

People told us that they were happy living at the service, that they felt safe and had the support they needed. People looked relaxed and at ease with each other and staff. Staff knew people well, staff understood and empathised with people's needs and celebrated people's achievements. Staff knew about abuse and what to do if they suspected abuse. There was a feeling of equality and mutual respect with everyone involved in running the service from cooking meals to choosing staff. People proudly told us about the new skills they were learning and had learned since living at Seabrook road. Some people had previously been quite restricted but were now leading more fulfilled lives due to having the right support.

People were supported to remain healthy and to take part in planning their meals and cooking. Medicines were managed safely. People's needs were assessed before they came to live at the service to make sure the staff could meet the person's needs. If needed, the registered manager arranged specific training for staff before a person moved in and each move was planned around the person's wishes and at a pace that suited them. People had a say about their support and had even trained staff about how to support them in the best way.

Each person had a support plan that was individual to them with photographs and pictures. Personal goals and aspirations were recorded and supported. Any risks to people had been assessed with an emphasis on enabling and independence rather than restrictions. People had individual activity plans which included

sports activities, jobs and work experience. Staffing was flexible and arranged around people's activities and appointments. Staff were recruited safely and people had a say about who might support them.

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. Some people were subject to constant supervision and may not have the capacity to consent to this. The registered manager had taken advice and applied for Deprivation of Liberty Safeguard authorisations when required.

People told us the staff were kind and understanding. People were treated with dignity and respect. Staff were trained and were experienced in supporting people with learning disabilities and complex needs. Staff were supervised and supported by line managers and people were asked for their feedback about staff. Feedback was welcomed by the registered manager and acted on. The registered manager agreed to seek the views of a wider range of people in future. There was a complaints procedure and there had been no complaints. Managers carried out checks and audits to help ensure the service was safe and that people were getting the support they needed.

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 knew how to recognise and respond to abuse. People felt safe.

Risks were managed so people were not restricted.

Medicines were managed safely.

There were enough staff to give people the support they needed and people took part in recruiting staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained and felt supported by their colleagues and managers.

People were supported to make choices and decisions. Staff followed the principles of the Mental Capacity Act.

People took part in planning and preparing their meals. People were supported to make healthy choices for improved physical and mental health.

Is the service caring?

Good ●

The service was caring.

People were supported to keep in touch with family and friends and to make new friendships.

Staff treated people with dignity and respect.

People had a say about their support and felt listened to.

Is the service responsive?

Good ●

People had support plans detailing their needs, goals and hopes for the future.

Staff supported people to achieve their goals and ambitions.

People were supported to air their views and said they felt that any complaints or concerns would be addressed.

Is the service well-led?

The registered manager and staff were committed to providing person centred care and support.

The culture was one of supporting independence and helping people to achieve and live the life they wanted.

Audits were carried out to check the building was safe and that records were in order. The managers worked alongside staff to observe their practice.

People were asked for their views about the service. The registered manager agreed to develop this system by asking a wider range of people for their views.

Good ●

26 Seabrook Road

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.

The inspection took place on 6 and 10 October 2017 and was announced. We gave the provider short notice of the inspection so they could prepare people for our visit. There was one inspector on the first day of the inspection and one inspection manager on the second day. The inspection team was small so that we did not disrupt people's routines too much. This was the first inspection of this newly registered service.

After resolving a technical issue the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or a serious injury.

We spoke and spent time with three people, staff and the registered manager and with a relative. We contacted 13 other people including care managers, consultants and health and social care professionals for feedback about the service. We received feedback from five professionals including a consultant. Everyone who gave feedback spoke very highly of the service. We sampled records and observed staff supporting people; we spoke individually to one person and went through some of their records with them.

This was the first inspection of this service as it was newly registered.

Is the service safe?

Our findings

People told us they felt safe, people looked happy and relaxed in the company of each other and with staff. One person told us about feeling 'scared' when they first moved in, they said that they were no longer scared because of the support they had and they looked well and happy. A social care professional told us that some people had previously had to live in secure accommodation, but since moving to Seabrook road they were more relaxed and less restricted.

One person told us that staff helped them to feel less anxious and they said that this had reduced previous behaviours they had. They told us "I used to (behaviour) but I don't do that anymore. Staff have helped me." Staff noticed when a person was getting anxious and discreetly changed the subject to distract the person. This was successful and the person started talking about something else and appeared less anxious.

The provider had a policy that staff could refer to about how to safeguard people from harm and abuse. This has been simplified and translated for a couple of staff whose first language was not English. Staff had completed training about abuse and what to do if they suspected abuse. Staff told us about different types of abuse and who they would report any concerns to including agencies outside of the provider organisation. Staff supported people with their money and kept receipts of any money spent and made regular checks to make sure money was managed safely. People told us that they were happy with the way their money was managed and had plans to take more control of their money in the future.

Risks to people were identified and assessed with them so that they could have a say about how the risk was managed. Staff took steps to reduce risks to people and did this in a way that did not restrict people but enabled them as much as possible. For example one person liked to go out and about and had previously absconded, staff did not prevent the person going out, staff talked to them about the risks of absconding and benefits of not absconding, which had been successful. People were encouraged to lead an ordinary life and that meant taking some planned considered risks. Staff supported people to think about risks and to think about how to keep themselves as safe as possible.

Risk assessments were part of people's support plans and were kept under regular review. People told us about past risks to their health and well-being that were no longer an issue because they now had the right support. One person told us that in the past that had left their accommodation but they no longer did this as they felt safe and secure.

Accidents and incidents were clearly recorded and de brief meetings were held after incidents to give staff support and to review what happened. The registered manager reviewed all incident reports in case a pattern emerged that may mean people's support needed to change.

People told us that staff were there when they needed them. Staff levels were funded by placing authorities based on people's needs. There were no current staff vacancies and staff told us there was always enough staff to support people. Staff levels went up and down depending on what support people needed including support with activities and appointments. Even though people had up to two staff to support them, staff

were discreet and unobtrusive. Staff kept their distance and gave people space and only stepped in to support people when needed.

Staff worked a mixture of day and night shifts to help ensure people had continuity to their support. Staff knew people well and people told us they liked the staff and knew who would be supporting them. The rota was planned in advance and permanent staff stepped in to cover any sickness or leave. The managers were on call out of hours to give advice and support. If people needed additional support the registered manager ensured that extra staff were available to give the extra support.

Staff were recruited safely and were checked before they worked with people. This included gaining references and a criminal background check. People took part on the recruitment process and had a say about who might support them.

Medicines were managed safely. There were arrangements to order, check in, store and administer medicines. Staff supported people with their medicines and people told us this worked well for them. Storage was safe and records of receipts and administration were in order. Some people had plans to take more control of their medicines in the future and the registered manager supported this.

Some people needed medicines now and again for pain or for anxiety. There were guidelines for staff to follow about when to give these medicines, what gaps to leave in between doses and the maximum amount to give in a 24 hour period.

Checks were made to make sure the environment was as safe as it could be including regular checks of the fire safety alarms and equipment.

Is the service effective?

Our findings

People told us how good the staff were, they said staff were kind and supportive and knew them well. Visiting professionals echoed this and said "My experience to date has been very positive in relation to the care and support they provide. I have seen service users discharged from specialist hospitals, both locked rehabilitation and secure settings to CLBD (the provider organisation) and the progress and increased wellbeing has been significant." Another professional said "When meeting the staff they appear to really care about the client group and what their needs are."

Another professional told us "CLBD provide robust positive behaviour approach to the delivery of care. The residents I have met at reviews have stated they appear very happy and well supported by the staff team to regain stability in their health and wellbeing and improve independent ability. The views of the families of our client group have also been very positive of their experience of CLBD."

Staff had a good understanding of people's needs relating to their mental health, physical health and learning disabilities. Staff spoke with empathy and clearly respected the people they supported; there was an atmosphere of equality and mutual respect.

Staff attended training on essential subjects including fire awareness and first aid and completed courses specific to people's needs. The registered manager had arranged specialist training for staff in order to have the skills to meet some people's complex needs. There was an emphasis on positive behaviour support and person centred active support which was support based on latest research and best practice. Staff used these techniques which had led to people developing and learning new skills and new ways to cope with their conditions. People had been involved in training staff and had completed some of the training to give them more knowledge, skills and confidence.

A professional told us "I have a great deal of confidence in their ability to provide a high quality service to people with quite complex needs. They provide excellent training to their staff and have very good ethics. I would also comment that they understand Positive Behavioural Support and do it properly."

Staff told us they felt supported, they had regular staff meetings and met with a line manager regularly to talk about their development and gain coaching, mentoring and support. New staff completed induction training and shadowed existing staff until they were deemed competent and confident to work with people. The registered manager told us about plans to improve the induction of new staff and we will follow this up at the next inspection.

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. People told us that staff had helped them to make some quite difficult decisions; staff had a good understanding of capacity and consent and were following the principles of the MCA.

When people 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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Staff were working within the principles of the MCA. Any restrictions had been assessed to check they were necessary and that the least restrictive option was used. Restrictions were kept under review and reduced or increased in agreement with the person and all involved.

Staff explained to people why some restrictions were needed in a way they could understand so that they were involved in decisions and reviews. Because of this involvement people said they felt more in control and this had led to a reduction in behaviours that might challenge. A professional told us "So far this (placement) is looking very promising, the placement has lasted longer than any other so far. My client is very happy at the moment and likes it very much, they are doing so well there. The staff are very professional, caring and kind to (my client) and (my client's) needs".

Staff monitored people's mental health as well as their physical health looking for any changes that might impact on their well-being. Staff worked closely with health care professionals to make sure people had the support they needed to maintain good physical and mental health. People told us that if they were unwell staff supported them to see their doctor or other relevant healthcare professionals. One person told us "If I don't feel well, I tell the staff and they make an appointment." People's health needs were recorded with plans in place for staff to follow about what action they should take to support people to remain well. Everyone was registered with a dentist and saw an optician when necessary.

Healthcare professionals spoke very positively about how staff worked with them to support people to keep well. Staff spoke with knowledge and understanding of people's health needs and encouraged people to make healthy lifestyle choices. One person told us proudly that they had lost over two stone in weight as part of a weight loss plan and now felt happier, healthier and more comfortable. They said staff had supported them to walk more and go for runs which had helped them to lose weight.

Everyone was involved in planning their meals and in shopping for food and people were supported to cook as much as they wanted to. Each person planned their weekly menu and the meals included were varied. One person told us "I write the menu out, it's my own menu, and I do my own thing."

Snacks and drinks were available to people whenever they wanted them and everyone had full access to the kitchen. People told us they liked to make their own breakfast and lunch and would like to be better at cooking in the future, but for now appreciated the staff support with the evening meal.

Is the service caring?

Our findings

People told us they thought staff were kind, caring and very supportive. People said they felt listened to and that their opinions mattered. Some people had previously lived in quite a restricted environment. Since moving to the service the people had learned some new skills and were going out more. One person had been supported to find a job. They told us "I am much more confident now; the staff have really helped me."

An independent consultant and positive behaviour support specialist told us that they thought staff were compassionate, that they had empathy and really understood people's wide ranging and complex needs. They said they were impressed that staff considered other people as well as the person and how these relationships impacted on people including staff, relatives and loved ones.

The atmosphere was calm and relaxed; everyone was involved in getting ready for the day and going out and about. Staff were discreet in their support even though up to two staff supported each person, staff allowed people to have privacy and personal space. Staff spoke kindly to people and there was discussion and friendly jokes and conversations. Staff gave people their full attention and showed a real positive unconditional regard for everyone. People looked comfortable and at ease even though some people were living with some quite complex conditions.

Staff were skilled and knew people well and knew what to say and what not to say and picked up a clue that one person was becoming anxious. Staff distracted the person discreetly by asking about their birthday and showing them a diary to find their birth date. The person engaged with staff and appeared less anxious.

People were supported to make decisions about their support and any changes were made with their agreement and involvement. People told us about how staff had helped them to prepare for review meetings which had reduced their worries about the meetings. People were fully involved in the assessment process and in developing and writing their care plans. People had plans that were individual to them with photographs and pictures.

People told us they were supported to keep in touch with their family and friends and to make new friends. Some people found it hard to meet new people so the staff had worked with them to learn ways to cope better with difficult situations, including meeting new people. This had led to one person getting a job which they previously would have found difficult. They told us proudly about their job and about how staff were supporting them to have more control of their life and be more independent. They showed us a scrap book full of photographs showing their achievements in the last few months. They looked very happy to talk about their achievements and staff commented how proud they were of the person.

Some people had family and friends to support them in making choices and decisions about their support. Other people had been supported by advocates or best interest assessor's from the local authority to help them weigh up information and make choices. An advocate is an independent person who supports people to make decisions.

Is the service responsive?

Our findings

People told us about moving to the service. They said that they came for visits so they could meet people and have a look around. They told us the move went at their pace, to suit them and was not rushed but well planned. One person said "I came for lunch and looked around. I was scared at first but now I am used to people."

The registered manager met people if they were thinking about moving in and carried out detailed assessments. The registered manager consulted with the person, their loved ones and any involved health and social care professionals so they could gather as much information about the person as possible. The registered manager assessed this information to decide if they could meet the person's needs. People were fully involved in this process and information was shared in a way that was meaningful to people.

Each person had a support plan that they had been involved in developing. Plans were individual to each person and produced in a way that was meaningful to them. Personal goals and future aspirations were recorded with the action required from staff to help people achieve their goals. People told us about the goals they had achieved since moving to the service including getting a job and planning a holiday. Regular reviews checked on progress towards goals and considered if any changes to support were needed. Staff used creative ways to get people involved in their reviews. For some people a 'walk and talk' method suited them, another person liked to sit at a laptop computer with staff and prepare for a review and others took part in staff supervision meetings to give feedback and ask for any changes to their support.

People's personal and health care needs were included in the support plans with the support they needed recorded clearly for staff to follow. Support plans were up to date and comprehensive giving staff the information they needed to give consistent support. Staff knew the contents of the support plans and spoke with understanding and knowledge about people's needs. Staff supported people to have 'good' days; people looked relaxed and calm and engaged with staff in a natural friendly way.

Some people could get angry and upset and display behaviour which might challenge themselves and others. Visiting professionals told us that this type of behaviour was well supported which reduced the need for any physical intervention. Any behaviour had been thoroughly assessed to look for any triggers or patterns and detailed positive behaviour support plans were developed with people. People were involved and had a say about their support and agreed with any restrictions imposed to support their well-being.

One professional told us "At an 'on the ground' level great effort and resources are made available to educate, train and maintain staff to respond proactively rather than rely upon a reactive model."

A consultant and specialist in positive behaviour support told us "Restrictive practices have been significantly reduced. In some cases eliminated. People's freedom and choices have been increased and people's lives are more meaningful and happier."

People were supported to be as independent as they wanted to be. People told us about the skills they had

learned including be better with budgeting money and cooking. Everyone took part in the cooking and cleaning with support and encouragement from staff. Each person planned their activities and had individual activity plans covering 7 days a week. People were supported to take part in a range of activities and hobbies and interests were supported. One person told us they were going bowling that day and another person was going shopping and out for lunch.

Some people previously lived in quite restricted environments due to their needs. With the right support people were now less restricted and leading more fulfilled lives. One person told us that they had not been able to go on holiday for 'a long time' due to their condition. They told us excitedly about a forthcoming holiday and plans for future holidays. One person showed us photographs of various activities they had taken part in including trips to the beach, a zoo and discos.

There was a complaints policy and procedure that was accessible to people. People told us they would talk to the staff or the registered manager if they had any concerns or complaints. Some people had communication needs. Staff told us about the clues they would pick up if people were unable to tell them what was wrong. The registered manager told us that there had been no complaints. The registered manager agreed that it might be a good idea to introduce a way to capture and act on comments and compliments in the future.

Is the service well-led?

Our findings

People, relatives, staff and professionals were overwhelmingly positive about the leadership and management of the service. Staff told us they felt supported and people told us they had confidence in the management team. A relative commented "I am pleased to stress and highlight the positive differences in (my relative's) life now and to sing the praises of CLBD."

This was the first inspection of this newly registered service; the provider has other services in Kent. The values of the provider organisation were to provide a 'safe and homely environment that promotes empowerment, independence and choice.' The registered manager spoke passionately about wanting to provide good services to people with learning disabilities and mental health conditions. They had linked up with other organisations to help train and support staff to provide good quality support. They had good oversight of the support being provided and kept up to date with best practice and latest research in the areas of learning disability and mental health. They shared this knowledge and learning with staff through training, regular meetings and one to one sessions.

The registered manager was supported by a manager and deputy manager who had the support of behaviour specialists and area managers. The managers worked alongside staff and were available at the service on a daily basis. A consultant told us that they felt there was a clear vision along with clearly stated mission and values statements and the 'directors had selected a robust and strong senior management team'. They felt the management team had 'provided resources necessary for ongoing training and support to staff and provided continuing opportunities to develop new leaders, managers and practitioners.'

Another professional told us they felt the providers had a high regard for the people they were supporting. We observed this positive regard during our inspection. The registered manager sat having tea with people, chatting and was encouraging and respectful. People responded to this approach and engaged with the registered manager and looked relaxed and happy.

Communication between the staff team was good, they held daily handover meetings, used communication books and had regular meetings. This helped staff to know about any changes, however subtle, to people's needs and to maintain the consistent support that people needed.

The registered manager had sought advice for external agencies when needed and was aware of the need to report certain events and/or incidents. A notification had not been sent to the Care Quality Commission (CQC) about the outcome of a Deprivation of Liberty application. The registered manager notified CQC on the day of the inspection.

A variety of audits and checks were carried out to check the building was safe and that records were in order. Electrical appliances were being tested on the day of the inspection. Staff took responsibility and involved people as much as they wanted to be, in checking all areas including fire safety and water temperatures. Records were organised and to hand and were up to date.

People were involved in shaping and improving the service. They told us about attending one to one meetings with staff suggesting how staff might support them better. There was opportunity to ask for views and opinions at regular review meetings. The registered manager agreed there was opportunity to formalise this to seek a wider range of stakeholder's views and to analyse them and show continuous improvement. People told us they had made suggestions that had been taken forward by the registered manager including training the staff in how to best support them.