

Kisimul Group Limited

# Dannsa House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## 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

Dannsa House is a residential care home registered to provide personal and nursing care to up to five people. The service provides support to people who have learning disabilities and/or autistic people. Nursing care was not being provided at this care home. At the time of our inspection there were four people using the service.

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

People's basic care needs were met, but they were supported by staff who had not received specialist training necessary to enable them to effectively and safely meet their complex care and communication needs.

People received most of their care support from agency care staff due to the high number of staff vacancies at the care home. The provider used regular agency staff, but they had not received specialist training, or received supervision, and did not have their competency assessed by the provider.

People were not always supported to have maximum choice and control of their lives, due to the lack of specialist training received by staff. However, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they felt supported by their manager, but less so by the provider. The care home had good links with external healthcare professionals. The manager and staff understood their roles and were committed to providing person centred care for people.

People were protected from the risk of abuse and neglect. Care staff had received safeguarding training and the provider's safeguarding policies and procedures supported this.

People's individual risks were assessed, and the information was used to inform their care plans. People's medicines were managed and administered safely. The care home environment was generally clean and homely.

### Right Support

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service

supported this practice. However, limitations due to the reliance on agency care staff and limited specialist training provided, increased the potential that people's individual strengths would not be developed. This also increased the potential that people would not be effectively supported to have a fulfilling and meaningful everyday life. People were not always able to be supported by staff to pursue their individual interests outside of the care home. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. The service gave people care and support in a safe, clean, well equipped, well-furnished and generally well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual basic physical care needs. Staff understood how to protect people from potential abuse. The service worked well with other agencies. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs, interests and aspirations.

### Right Culture

Most staff knew people well and were responsive to their basic care needs. Staff placed people's needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 26 March 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dannsa House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to staff training. We issued the provider with a Warning Notice in respect of this breach of regulation.

### Follow up

We will continue to monitor information we receive about the service. We will reinspect the service to check if the provider has taken the necessary action to comply with the requirements of the Warning Notice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Dannsa House

## 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 prevention and control 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

Dannsa House 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. Dannsa House 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 not a registered manager in post. The manager of the service had applied to register with the CQC, and that application had started to be processed. However, they had recently withdrawn their application. The provider informed us they had appointed a new manager who would be in post shortly, and that they would apply to CQC to be the registered manager.

#### Notice of inspection

Both inspection site visits were unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 also used information gathered as part of monitoring activity that took place on 12 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We observed staff interactions with four people who used the service. As the people were unable to communicate verbally, we spent time observing their body language during their interactions with care staff to help us understand the experience of people who could not talk with us. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

We spoke with 11 members of staff including care staff, agency care staff, senior carers, the manager, area manager, and director of operations.

We reviewed a range of records. This included four people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We looked at training data and quality assurance records.

We received feedback about the service from an external professional who had recent and ongoing involvement with the service. We received feedback from four relatives of the people who live at the care home. We also received feedback, by phone or email, from three staff.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People were supported by care staff who had not received all the necessary specific training to enable them to meet people's complex care and communication support needs. This increased the risk people would receive unsafe care.
- The majority of care staff working at the care home at the time of the inspection were agency staff. Most agency staff had not received any specialised training to meet people's complex care and communication support needs. This increased the risk of people's communication needs not being met.
- The provider aimed to use regular agency staff workers who received basic induction training at the care home. However, despite frequently working at the care home and forming the majority of the staff team at the time of the inspection, the regular agency staff did not receive any documented supervision, formal management support, or had their competency to carry out their duties assessed by the provider.
- Some relatives told us they believed people did not always receive the continuous close support people required from staff. Although the provider ensured there were always enough staff on duty to meet people's assessed basic care needs, we saw little evidence of people being engaged by staff using the specialist communication techniques people had been assessed as needing.

The provider failed to ensure sufficient numbers of suitably trained, competent and skilled staff were deployed to meet people's identified care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part3)

- The manager had copies of individual agency staff records so they were assured agency staff had been safely recruited by the care agency company.
- The provider had a recruitment policy and procedure in place, and pre-employment checks were routinely carried out. This helped ensure staff employed were suitable to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse or neglect because staff worked regularly with them and understood how to protect them.
- Staff received training on how to recognise and report abuse and they knew how to apply it. The provider's safeguarding policies and procedures supported this.
- Staff noted any unexplained injuries on the provider's incident recording system. This included body maps and the manager reviewed the incident reports to determine potential causes and identify any lessons learned to reduce the likelihood of recurrence.



### Assessing risk, safety monitoring and management

- The provider assessed people's individual risks. Those risk assessments were used in the development of people's individual care plans which guided staff practice.
- The provider carried out routine environmental checks and ensured essential equipment was maintained and serviced appropriately.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was now working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Using medicines safely

- Medicines were safely managed. People were supported by staff who followed the provider's systems and processes to administer, record, and store medicines safely.
- People received their medicines as prescribed and reviewed by their GP. This helped ensure people were not receiving unnecessary medicines.

### Preventing and controlling infection

- Some items of people's laundered clothing were stored in the laundry room. This potentially increased the risk of cross contamination with soiled items. The inspector raised this with the manager who immediately changed the laundry room arrangements. When we returned on the second inspection site visit, the changes had been fully implemented and the issue resolved.
- People lived in a care home which was generally clean and well maintained. The provider was aware of minor issues which required repair, such as the presence of mould in a shower room, and already had a plan in place to rectify the issue.
- 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 had arrangements in place to admit people safely to the service. The provider told us they were not currently planning on admitting any new people to the service until they had resolved their staff vacancy issues.
- We were assured that the provider was using personal protective equipment (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.
- The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

### Learning lessons when things go wrong

- The manager reviewed the details of incidents to identify potential causes and any lessons which could be learned to reduce the likelihood of recurrence.

# 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.

At our last inspection we rated this key question Good. The rating for this key question has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's recruitment processes were not effective. The numbers of the provider's directly employed care staff at Dannsa House had rapidly decreased over the previous months and the provider was reliant on agency care staff to make up the shortfall in staff numbers.
- Most care staff working at the care home were agency workers at the time of the inspection. This increased the potential for inconsistent support to be received by people.
- The provider had not taken action to ensure people were always supported by staff with the necessary training to meet their complex care needs. This demonstrated the provider's systems for monitoring the training requirements and compliance of all staff employed at the care home was not effective.
- The provider had a quality monitoring system in place. But this had not led to effective action being taken to resolve the recruitment and training issues at the care home.
- The current manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs in the service.
- The provider did not have a registered manager at Dannsa House. The current manager had been part way through the registration process before they withdrew their application. The provider told us they had since recruited a new manager who was scheduled to start work in the coming weeks and who would then apply to CQC to be registered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they did not feel supported by the provider, but they felt supported and valued by their manager. The area manager told us the provider was developing an enhanced staff feedback process so they could better identify the stresses the care staff were facing and devise appropriate support.
- People received support from care staff who wanted them to achieve positive outcomes. A staff member told us, "I think the staff I work alongside at Dannsa House are all dedicated to putting the residents first in terms of needs and activities."
- External feedback about the service was generally positive. An external health care professional told us, "I have nothing but positive feedback for the care home. I am aware there has been some turnaround with the management and staff at the home over the past year or so, but they seem to be settling in well and always seem caring and compassionate to the residents."
- The manager spent time with staff discussing behaviours and values. The manager occasionally worked directly with people and led by example.

- The manager demonstrated they valued reflection, learning and improvement, and they were receptive to challenge and welcomed fresh perspectives.

#### Continuous learning and improving care

- Improvements to care people received was hindered by the provider's care staff vacancies. One of the immediate priorities for the provider was ensuring enough suitable staff were available to meet people's needs. The area manager told us the provider now recognised their current recruitment strategy and processes were not effective and was reviewing them.
- The provider had put in place mitigation, to try and reduce the impact of high numbers of staff vacancies on the basic physical care support people received. The provider had booked regular agency care staff so staffing numbers could be maintained; even though those agency staff did not have the necessary training to be able to effectively meet people's complex care and communication support needs.

#### 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 provider shared information with people and their relatives when things had occasionally gone wrong. The manager ensured people's relatives were notified about any issues and incidents.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always effectively supported to have their say on the care they received. This was because not all staff had received training in specialist communication techniques. However, we saw that staff involved people in making day to day decisions such as what to eat and what to wear.
- Relatives were involved in the review of people's individual care plans. The provider told us they were looking into ways in which their electronic care record system might be used to provide regular updates for relatives about the care people received.
- The provider's staff received appropriate equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

#### Working in partnership with others

- The manager and staff had regular contact with people's relatives. A relative told us, "The manager is quite good, but they are leaving soon which is a pity. There have been a few managers over recent years, and a high turnover of staff."
- Other relatives told us they were also able to contact the provider's managers if they had any concerns about the service people received. For example, a relative told us they had met with the provider's director of operations to raise their concerns about various issues, including the high usage of agency care staff. The relative told us they received an update about those issues.
- The manager had good links with external health agencies. An external healthcare professional told us, "The manager, has my direct email address, so we can easily contact each other if needed. They are always prompt with any replies to my emails." This partnership working helped ensure people received the health care support they needed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure sufficient numbers of suitably trained, competent and skilled staff were deployed to meet people's identified care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part3).

**The enforcement action we took:**

We issued the provider with a Warning Notice.