

Kisimul Group Limited

# An Darach Care - Cambridgeshire

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

### About the service

An Darach Care - Cambridgeshire is a domiciliary care agency providing personal care and support to 19 younger adults living in five supported living houses at the time of the inspection. Four of the supported living houses are situated close to Peterborough, Cambridgeshire with the fifth house in Suffolk. The five houses can support up to 25 people in total. The registered manager works from a separate office located at one of the houses close to Peterborough.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their support and decisions made about their care. Staff and the registered manager promoted people's independence. They focused on supporting people to live their lives without restriction.

People were usually safe using the service because staff were trained and knew what they were doing, although not all possible abuse had been properly reported. Staff assessed and reduced risks as much as possible, and equipment was checked to make sure it was safe to use. There were enough staff to provide support safely. The provider obtained satisfactory recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people to have enough to eat and drink. They used protective equipment, such as gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People were supported to have maximum choice and control of their lives 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.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and support, and made sure people's privacy was respected. Staff worked well together, they understood the

provider's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. However, there was little to no information about people's end of life wishes.

We have made a recommendation to talk with people about their end of life wishes.

The provider had a complaints procedure in place and people knew who to contact if they were not happy. Staff completed systems to monitor how well the service was running. The registered manager made changes where issues had occurred, so that the risk of a similar incidents occurring again was reduced. People were asked for their view of the service and action was taken to change any areas they were not happy with.

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

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

The last rating for the service under the previous provider was good, published on 12 September 2018.

#### Why we inspected

This was a planned inspection based on the registration date.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** 

# An Darach Care - Cambridgeshire

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 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.

Inspection activity started on 27 April 2021 and ended on 28 May 2021. We visited the office location on 27 April 2021.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people's relatives as people using the service were not able to speak with us themselves. We also spoke with the registered manager during our inspection visit and five support workers before and after our visit. We looked at one person's care records and medicine administration records.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We reviewed a range of records. This included a further two people's care records and medicine records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# 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 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.

Systems and processes to safeguard people from the risk of abuse

- Relatives had differing views of whether their family members were safe with staff from the service. One relative told us this was due to incidents that occurred to their family members.
- Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, and how to report concerns.
- The provider had safeguarding systems in place. Staff had a safeguarding policy and procedure to guide them and most safeguarding referrals were made to the local authority as required. However, one staff member told us of an incident they had reported within the service, but they were not aware whether this had gone any further. We made a safeguarding referral during this visit as we were also not aware of the concerns. We also told the registered manager, who started an investigation into the concerns and why these had not been passed on.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as for behavioural issues and use of physical intervention. This information provided clear guidance for staff in how to reduce risks to people. They followed actions to reduce risks and reviewed assessments regularly to make sure changes were identified. One staff member told us they had time to read risk assessments and made sure new staff, such as agency workers, also read this information before providing care or support.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and staff had received fire safety training. Although not all staff had practiced fire drills, they had information about how to safely evacuate each person if needed.

Staffing and recruitment

- There were enough staff on duty to support people safely. One relative told us there was a high turnover of staff working for the service and this meant a lot of agency staff were used. Staff told us there were enough staff available, although one staff member said that a lot of the staff team were made up of agency staff. They said this meant that people did not always get consistent care.
- The registered manager had identified actions to reduce the number of agency staff being used and to build up a bank of casual staff. This reduced the risks associated with inconsistent care or support and had been completed at the time of our inspection. These staff were all provided with the same training and skills checks that permanent staff received.
- The provider had a recruitment and selection policy in place to guide the staff when employing

prospective new employees. The registered manager completed required checks of prospective staff prior to them starting work. This included obtaining Disclosure and Barring Service (DBS) checks before new staff started working with people.

#### Using medicines safely

- Guidance was in place for staff about how to give people their medicines and how they preferred to take them. People had detailed information to tell staff how they should give 'as required' medicines and if there were specific instructions for this. A relative told us they had concerns their family member may not always receive their medicines.
- Staff had received training in how to safely give medicines, they told us they then had to pass a test and their competency to give medicines was also checked. One staff member told us how they had received additional training on how to administer a specific medicine in an emergency situation. However, both staff and relatives told us that there were not enough staff who had been trained to give medicines. This had meant on some occasions staff needed to work between different houses on the same site to make sure people received their medicines.
- The registered manager completed a medicine audit. This identified key issues, such as the person involved in a medicine error, what had happened, any adverse effects and any actions taken. An action in one house showed that medicines training had been sought for staff in response to errors identified. Actions for individual instances of missed medicine were appropriate and reduced the risk of reoccurrence.

#### Preventing and controlling infection

- Processes were in place to ensure people maintained appropriate distance, visits were conducted following relevant guidance, and people and their visitors were regularly tested.
- Staff had received training in infection control procedures including COVID-19 and knew how to protect people from the risk of infection. Staff told us they had enough supply of PPE and were regularly tested for COVID-19.
- The provider's contingency plan included arrangements to ensure care and support continued to be provided in the event of an outbreak of COVID-19.

#### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the deputy manager took action following accidents or incidents to reduce the risk of these 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 people's feedback confirmed this.

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

- Staff supported people to use equipment and technology, such as seizure alarms, that helped to keep them as independent as possible. The registered manager told us the provider had a dedicated department to look at all current guidance and to consider what is best for each person.
- Senior staff obtained and completed assessments of people's needs before they started using the service. From this information they developed plans to meet people's individual needs, depending on the person's own abilities. This helped them to make sure they had enough staff with the right skills to meet their needs.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills to safely care and support for people. One staff member told us they received training that gave them general knowledge and skills to carry out their role. Another staff member explained that they spent two weeks training and then shadowing other staff before being able to visit people on their own.
- Training information showed that staff had received refresher training when this was due but there were gaps.
- Staff members received individual supervision and they said that they could also contact the registered manager or senior staff at any time between meetings. They told us they felt supported to do their jobs.

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

- Staff supported people to eat and drink if this was needed. They had enough information in care plans to know what people liked to eat. One relative told us, "[The] food is really good, lots of fresh food, choices and a menu, and picture up on the board." They went on to tell us their family member could sit where they wanted to eat their meals and there were snacks available at any time.
- Staff had received training in how to safely prepare food for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed a 'hospital passport' for people, with key information about them. This was for people to take with them when they visited other providers of care, such as hospitals. These records were reviewed regularly to make sure they remained up to date.
- Each person had a health action plan in place, which recorded important details about them, their health and advice they had been given by health professionals. Staff supported people who received advice and treatment from healthcare professionals, for example behavioural specialists. A relative told us their family member had, "Regular basic health checks, eye and dental appointments. Staff will take them to those

appointments."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA, and who had received training.
- People's care plans provided staff with clear information about the decisions they could make and how staff may need to support them in doing so. Staff also had guidance for when people were not able to make decisions and who else they needed to involve for a decision in the person's best interests.
- The registered manager told us that no applications had been made to the Court of Protection to deprive people of their liberty.

# 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

- Staff treated people kindly. A relative told us, "Staff were always respectful," when they had the opportunity to watch them interact with the relative's family member. Another relative said that staff were, "Very caring individuals."
- Staff spoke about people with fondness, they showed concern and described how they made sure people had everything they needed. They were aware of people's individual needs and preferences. The registered manager told us they tried to make sure people had things in common with staff they spent long periods of time with. We visited one person who told us that they often had conversations with staff about sporting teams they supported. We could see that these interactions meant a lot to the person. The person went on to say that staff were "friends, not just employees".

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were involved in people's care and support decisions and how they preferred to have their care or support given. They had meetings with staff if they needed to review people's care or discuss any support needs the person had. Other relatives told us their family members were able to bath or shower and have snacks when they wanted.
- Staff said that no advocates were being used at the time of our inspection, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- We received information of concern before this inspection that staff were not respecting one person's dignity by not dressing the person. Information showed there were appropriate reasons for this action and clear guidance for staff about when they may need to support the person in this way.
- Relatives told us that staff respected their family members privacy and dignity. One relative said, "[Staff] are respectful towards [my family member]." Another relative said, "The company encourages independence," and they explained their family member was supported to make their own breakfast. One relative told us that the staff sent them a report about what the person had done during their week, which they were then able to talk to the person about.
- People's confidentiality was maintained; records were kept securely in the service's office. A staff member told us they keep people's information to themselves and only share it if it's necessary for the person's safety.

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us that people's care and support needs were met and they were happy with the care and support their family members received. One relative told us how their family member became upset during a recent outing. They said, "Staff were very sensitive to that and dealt with it quite well." However, another relative felt there were not enough behavioural strategies in place to keep their family member safe.
- People had care plans in place, which contained personalised information about them. They gave staff enough guidance on how to meet people's needs effectively and safely. There was information about health conditions, although staff did not have responsibility for meeting these health needs. One staff member described how they supported people to live how they wanted. They provided choices, support to be as independent as possible and to be involved in decisions about their care and support.
- Each person had a positive behaviour support plan in place. These were detailed and gave staff clear guidance about how to support people to live how they wished in a safe way.
- Each person's care plan was reviewed regularly or when their needs or preferences changed. Relatives told us plans reflected the care and support their family members needed and visit notes reflected the care people received.

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.

- People's communication needs were assessed and planned for, and staff had guidance about how to meet these needs fully. Staff told us how they communicated with people and how they knew what people who could not communicate verbally wanted to tell them.

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

- Relatives had mixed opinions about whether people were able to develop relationships or follow interests. One relative said there was not enough for their family member to do in the evenings. Another relative told us there was a lack of outside activities for their family member. A third relative said there were enough outside activities and trips, although these were a little restricted during lockdown. However, their family member went to the park and out in the local community.
- A staff member told us that people's days were not as busy as they had been and this was due to COVID-19

restrictions. However, staff supported people to do what they liked, such as baking or watching movies, when they were not able to go out. The staff member said they had discussed how to support people to go out safely when restrictions had been lifted, with their manager.

- There was information and guidance in the people's plans about how they wanted to spend their days. Staff told us this helped them support people to go out, and made sure people knew what they were doing and when. For some people, this was key to reducing anxiety.

#### Improving care quality in response to complaints or concerns

- Relatives knew who to speak with if they were not happy with the care or support their family member received. One relative told us, "I would generally speak to a senior, try and raise it with a manager." Another relative said, "Yes, I would feel comfortable [raising concerns], and have spoken with the manager and staff." Relatives were mostly happy that action was taken in response to their concerns. However, one relative felt that not all action taken was to their liking.
- A complaints procedure was in place for people to follow.

#### End of life care and support

- There was little or no information about people's end of life wishes, although no-one was in need of this care at the time of our inspection. We spoke with the registered manager about. They told us they were currently working on obtaining this information.

We recommend the provider consider current guidance on talking about death and dying to people they support and update their practice accordingly.

# 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

- Staff were committed to providing high-quality care and support. They told us how they made sure people received the care or support they needed. They also made sure this was how the person wished to be cared for. One staff member told us the best thing about working for the service was working with people, "They always put a smile on your face." They went on to say, "We work together as a team, which supports providing a better service for [people] and meeting their needs."
- Staff told us that senior staff communicated well with them and they had regular contact, which provided them with the opportunity to discuss any concerns or issues.

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

- There was a manager in place, who was registered with the Care Quality Commission. They understood the requirements to submit notifications and the circumstances when these were required.
- Staff understood their roles and any extra responsibilities they had, such as a senior support worker position.

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

- Relatives told us they had completed questionnaires but were not convinced any action had been taken in response to these. One relative told us that there had been an issue with their family member's clothing being lost but staff had not communicated this to the relative. The registered manager told us that communication had been identified from the questionnaires as an area for improvement. They had started routinely sending messages each week to improve communication between staff and relatives. One relative told us communication had improved and they had regular meetings to discuss their family member's support and suggestions were taken on board.
- Staff completed reviews of people's care and support, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us there were separate meetings for day and night staff, which they attended if they were able. The registered manager fed back issues that had been raised and suggestions about how to improve in these areas. A staff member said this gave them regular support and information was shared with them.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were in place. The registered manager and senior staff carried out audits, which identified areas for improvement and action plans were developed to ensure improvements were made. Development plans showed the status of these actions, which staff member was responsible for ensuring it was completed, and a timescale for doing this. This meant they regularly identified areas of the service that required improvement and made those improvements.

#### Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority. The provider and senior staff contacted other organisations to improve the service and work towards providing a safe environment for people. The provider had a dedicated facilities team that gave support to the registered manager when issues such as furniture or equipment was damaged or needed repair. This team was responsible for working with other agencies to reduce the impact on people using the service.