

# Kisimul Group Limited

# Suillean House

## Inspection report

77 Sleaford Road  
Heckington  
Sleaford  
Lincolnshire  
NG34 9QP  
Tel: 01529 461066  
Website:

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an announced inspection carried out on 18 February 2016.

Suillean House can provide accommodation and care for nine people who have a learning disability. There were nine people living in the service at the time of our inspection. Most of the people living in the service had special communication needs and used a combination of words, signs and gestures to express themselves.

There was a registered 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People

# Summary of findings

had been helped to stay safe by avoiding unnecessary accidents. Medicines were managed safely, there were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including how to respond to people who had special communication needs. People had received all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions

for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, were imaginative when promoting people's dignity and respected confidential information.

People had received all of the support they needed including people who could become distressed. People had been consulted about the support they wanted to receive and staff supported people to express their individuality. Staff had supported people to pursue a wide range of interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed and people and their relatives had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

# Summary of findings

## 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 safe.

Staff knew how to keep people safe from abuse.

People had been helped to stay safe by avoiding unnecessary accidents.

Medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Good



### Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to support people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



### Is the service caring?

The service was outstandingly caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and were imaginative when promoting people's dignity.

Confidential information was kept private.

Outstanding



### Is the service responsive?

The service was responsive.

People had been consulted about the support they wanted to receive.

Staff had provided people with all the support they needed including people who could become distressed.

People had been supported to express their individuality and to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Good



### Is the service well-led?

The service was well led.

Quality checks had been completed to ensure that people received safe support.

Good



# Summary of findings

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

# Suillean House

## 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 was planned to check whether the registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 18 February 2016. We gave the registered persons a short period of notice before we called

to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of seven of the people who lived in the service. We also spoke with two support workers, two senior support workers, the registered manager and the Assistant Director (Adult Provision). We observed support that was provided in communal areas and looked at the support records for four of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with four relatives and with two health and social care professionals. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

# Is the service safe?

## Our findings

People said and showed us that they felt safe living in the service. A person said, “The staff are very good to us all”. Another person who had special communication needs pointed towards a member of staff, smiled and said, “Good, good.” We saw that people went out of their way to be close to staff. In addition, we noted that four people came home after going out to Skegness for the day, they were happy to join staff sitting in the lounge where everyone relaxed and reflected on their day. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, “I never have to worry at all. I know that my family member is safe at Suillean House because they always want to go back when they’re out and never show any reluctance.”

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to respond to a concern that had been raised about the safety of one of the people who lived in the service. We noted that action had subsequently been taken to help prevent the same thing from happening again so that the person concerned was kept safe.

We saw that staff followed a positive approach to risk taking so that people were not unduly limited in the things they could do. For example, we noted that people who wanted to complete tasks in the kitchen received intensive support from staff so that they could safely use a normal range of appliances. We also found that staff had identified possible risks to each person’s safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made to assist a person who used a wheelchair to sit securely and safely when using one of the service’s vehicles. Another example involved windows in the service being fitted with safety

glass that would not splinter if struck. In addition, safety latches had been installed to windows that prevented them from being opened too far and so reduced the risk that people would accidentally injure themselves.

We also noted that the registered persons had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that no significant accidents or near misses had occurred in the service during the 12 months preceding our inspection. We saw that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. We noted that there had been four occasions in the 12 months preceding our inspection when a medicine had not been correctly dispensed. Records showed that these mistakes had not resulted in people experiencing direct harm and we noted that the registered manager had taken suitable steps to help prevent the same problems from happening again. These measures included providing additional training and guidance for the members of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed.

The registered persons had reviewed the support each person needed, had calculated how many staff were needed and had agreed the necessary funding with the relevant local authorities. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the support and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service indicated that there were enough staff on duty to meet their needs. For example, a person gestured towards a member of staff

## Is the service safe?

who was about to help them take some clothes to the laundry. They then clapped their hands and followed the member of staff so that they both went to the person's bedroom to collect the items in question. A relative said, "I'm sure there are enough staff because I can see that my family member leads a full life and they couldn't do without a lot of help."

Staff said and records confirmed that the registered persons had completed background checks on them

before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

# Is the service effective?

## Our findings

Staff had regularly met with a senior colleague to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which other staff provided support.

This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. Records showed that that nearly all members of staff had obtained a nationally recognised qualification in care. We saw that in addition to this, staff had received introductory and ongoing training in key subjects including how to support people who have a learning disability and who have complex needs for support resulting from particular medical conditions. The registered manager said that this training was necessary to confirm that staff were competent to support people in the right way.

We saw that staff had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. A relative said, "A lot of the staff have worked in the service for a long time and so they get to know the people who live there really well, almost as if they're family members. In fact, that's the best way to describe the service in that it's like a big family."

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person who had special communication needs rushed towards a member of staff, held their hand and led them off to the kitchen where shortly afterwards we saw them both making a drink.

We found that people were provided with enough to eat and drink. Staff kept records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. In addition, records showed that people had been offered the opportunity to have their body weight checked so that staff could identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare

professionals to develop special arrangements to support a person who sometimes did not eat all of their meals and who was at risk of losing weight. The arrangements included staff gently encouraging the person to eat and providing them with food supplements that increased their intake of calories.

In addition, staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following guidelines that described how foods such as meat should be cut up into smaller pieces so that it was easier to swallow.

Staff had used imaginative ways to engage people in making decisions about the meals they wanted to have. For example, they had prepared a picture book of particular meals to which people could refer when selecting the menu for the week ahead. Records showed us that people were provided with a choice of meals that reflected their preferences. In addition, we saw that staff were supporting people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This encouraged people to do things for themselves and in addition it contributed to catering being enjoyed as a shared activity.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. A relative said, "I've noticed over the years how the staff are very quick to contact the doctor and other healthcare professionals. They definitely don't let things rest until a person has had all of the medical care they need."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know a



## Is the service effective?

person and who have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions in the right way so that decisions were taken in their best interests. For example, we noted that key people in a person's life had been consulted when it had been necessary for the person to be gently persuaded to attend a hospital appointment in order to have a blood test.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had ensured that

people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. The registered manager said that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.



# Is the service caring?

## Our findings

People who lived in the service were positive about the quality of care they received. We saw a person spending quiet time in the lounge with a member of staff before they went out on a trip to Skegness. The member of staff quietly described to the person where they were going and then listed the various things they could enjoy doing once they arrived. We noted that the member of staff was happy to go over things several times on each occasion responding to the person's questions about different aspects of the proposed day out. A relative said, "I think that the service provides really excellent care for my family member. It is inconvenient because we live quite a way from the service but I wouldn't dream of my family member moving to somewhere nearer because I can rest easy at night knowing that they are in Suillean House."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. For example, we noted that one person needed to be supported in a particular way when their relative was due to visit the service. This involved discussing with them when their relatives were due to call, reassuring them about the arrangements that had been made for them to stay with their relatives and explaining when they would return to the service.

Staff were knowledgeable about the support people needed, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time in the room where our inspector was sitting speaking with the registered manager and looking at records. We noted that the registered manager warmly welcomed the person and chatted with them until the person left the room to return to their bedroom to fetch something. Shortly after this the person returned to the room being used by the registered manager and the inspector. Again, the registered manager put aside what they were doing, spoke at length with the person and showed a genuine interest in the picture they had brought to show them.

We saw that staff had responded imaginatively to support people so that they could establish their own preferred

lifestyle in the service while living in the company of other people. Staff recognised the importance of this and had worked with each person to prepare a 'personal book'. These books used a lot of visual aids such as photographs and drawings to identify people, places and events that were significant to each person. We saw that this information had then been used by staff to guide the way in which they supported people to enjoy their lives. For example, we noted that staff had acted upon each person's wishes with respect to how they wanted to maintain contact with their relatives. Staff described to us how they regularly assisted each person to look at their personal book. This was done both to confirm that they still reflected the person's wishes and to celebrate how they had been encouraged to make decisions about their lives.

Another example of staff using imagination and compassion involved the way in which a person had been assisted to promote their continence. We noted that the person needed special assistance and that they needed their clothes to be regularly laundered. In response to this, staff had developed arrangements to discreetly take the person's used clothing to the laundry without them needing to carry items through the main areas of the accommodation. In addition, we noted that additional extraction fans had been installed in the person's bedroom and en-suite bathroom so that the atmosphere could be kept fresh and pleasant.

A further example of staff providing compassionate care involved the way they had supported a person when it was necessary for them to spend time in hospital. Staff recognised that being in a new setting would be distressing for the person and so they had arranged for a member of staff to be present with them at all times. We noted that they had also prepared a written support plan that described how they would assist the person and that this had been shared with nursing staff in the hospital. We were told that these arrangements had enabled the person to receive all of the support they needed when they were in hospital so that they did not experience undue distress.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own



## Is the service caring?

bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

We noted that staff had taken extra steps to provide some people with the extra support they needed to personalise their bedrooms so that they reflected their interests and preferences. For example, we saw that one person who often unintentionally damaged their possessions had been supported to furnish their bedroom with heavier items of furniture that were more difficult to dislodge. This same person had also been assisted to display their favourite pictures because they had been fixed to the wall using special unbreakable frames. These measures had helped the person to enjoy their bedroom as a welcoming space in which they could be themselves.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to keep in touch with relatives by sending birthday and Christmas cards. Relatives told us that staff regularly assisted their family member to visit them at

home. This usually involved staff accompanying people in one of the service's vehicles and then staying with them in a hotel near to their relatives who it was then easy for them to see. A relative said, "I really appreciate the staff doing this. They don't have to but they recognise that it's an important part of my family member's life and for them that comes first."

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

# Is the service responsive?

## Our findings

Staff had consulted each person about the support they wanted to receive each day and had recorded the results in their individual support plans. These support plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. A relative said, "I'm invited at least once a year to meet with staff and with my family member's care manager (social worker) to review how things are going and to see if anything needs to be changed. I feel that my views are important to staff and I appreciate that."

We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose clothes they wanted to wear before they went out into the garden. A member of staff explained that due to the cool winter weather the person needed to wear warm clothing. The member of staff then helped the person to select a warm jacket that the person was pleased to put on before going outside.

People said and showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, using the bathroom, organising personal laundry and managing money. For example, we observed a person being encouraged to plan ahead for the things they might want to buy when they next went to the shops. Staff discussed with the person how their planned purchases would fit in with the budget that was available to them so that they could decide which things they wanted to buy the most. This enabled the person to be independent because they were able to make a realistic decision about the items they would purchase. A person said, "The staff do a lot for me but they always try to get me to do things for myself. So if I need to tidy up my bedroom they'll give me a hand but then leave me to finish off."

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. For example, we observed how staff knew how to respond to a person who indicated that they wanted to spend time on their own in their bedroom by understanding the signs they were using. These signs referred firstly to the direction of

the person's bedroom and then to the action of closing the door. The person concerned smiled and gave a 'thumbs up' sign when a member of staff supported them to leave the dining room and walk towards their bedroom. Later on we passed their bedroom and heard that the person was busy using an item of audio-visual equipment.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's support plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in the kitchen and the heightened level of activity in the space. Staff responded to this by suggesting that the person enjoy some quiet time in another room. Soon after this event we saw the person relaxing in the quieter surroundings of the lounge.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies. In addition, we noted that staff had offered people a number of opportunities to experience and develop their understanding of other cultures. For example, staff had assisted people to enjoy themed evenings when they enjoyed food that was associated with a particular culture and looked at pictures and objects that helped to describe the country in question.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included going swimming, using a trampoline, sailing, visiting places of interest and attending social functions. In addition, people had been supported to enjoy holidays that reflected their particular interests. For example, we noted that one person had been supported to stay in a chalet on a holiday park so that they could take part in a range of enjoyable outdoor activities. A relative said, "I think that my family member leads a very full life, they always seem to be out and about with staff. They're certainly not sitting around at home not doing anything."

People said and showed us by their confident manner that they would be willing to let staff know if they were not happy about something. People had been given a

## Is the service responsive?

user-friendly complaints procedure that used colourful pictures and drawings to explain their right to make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months

preceding our inspection. A relative said, “I’ve never even had to think about complaining. It’s not that sort of arrangement. If there was something I’d just have a word with the manager and we’d chat about what needed to be done.”

# Is the service well-led?

## Our findings

The registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We saw that action had been taken when quality checks had identified problems. For example, records showed that an audit had been completed to establish how successfully people were being supported when they became distressed. The audit had concluded that one person needed additional support and we saw that as a result of this a 'take it easy' plan had been introduced. Staff said that this had better enabled staff to offer the person alternative things to do when they were becoming too anxious to respond to the reassurances that they usually found to be helpful.

Records showed that checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered persons had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "The staff do keep in touch with me and as a result I really do feel part of my family member's life. There's no 'us and them' between staff and relatives. There's very much a feeling of team work." In addition, we noted that relatives had been invited to complete an annual quality

questionnaire to give their views about the service. We examined the results of the most recent questionnaires and noted that relatives had expressed a high level of satisfaction with the service.

People said and showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. We noted that the registered manager had a very detailed knowledge of the support each person was receiving. In addition, they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and records confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

We found that there was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about a colleague. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We saw that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved staff being trained to use a nationally recognised model of supporting people so that they can develop their full potential. We saw the principles of the model being successfully used in the service to enable people to identify their strengths rather

## Is the service well-led?

than overly focusing on things they found more difficult to do. This was done so that each person could further develop their abilities as part of their personal journey towards greater independence.