Kisimul School Holdings Limited

An Darach Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

An Darach Care is a supported living scheme and is registered to provide personal care to people who use the service. Its registered office is located in the village of Swinderby in Lincolnshire. At the time of our inspection there were 16 people who experience learning disabilities and autism using the service. Each person had a tenancy agreement in place and people lived in five supported living houses located both in Lincolnshire and Cambridgeshire.

This was an unannounced inspection carried out over two days between 24 and 25 August 2015.

Our last inspection took place on 04 June 2014. During this inspection we found that the service was meeting all legal requirements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were caring and positive working relationships between staff and people who used the service and their relatives had been developed and were being maintained. People were involved in making decisions about how they wanted to be supported and how they spent their time and their privacy and dignity was maintained at all times.

New staff were recruited safely and staff were sufficiently trained and supported by the registered provider to undertake their roles. There were sufficient staff available who were deployed in the right way to meet people's care needs.

Staff were well trained and supported to meet people's needs and staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how they would report any concerns they identified appropriately.

The registered manager had ensured there were clear arrangements in place for ordering, storing, administering and disposing of medicines. Staff's competency to safely administer medications was regularly assessed.

People and their relatives were consulted regularly about the development of the service. The provider had completed quality checks to make sure that people received the care they needed in a consistent way.

The registered provider and registered manager promoted an open and inclusive culture within the service. People and their relatives had the opportunity share their views and opinions and were involved in planning and reviewing their care. People and their relatives also understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve them.

There was a range of effective audit systems and checks to ensure the service was continually monitored. This was so that any changes or improvements needed would be acted upon in order to keep developing the quality of services being provided for people.

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 understood their role in relation to safeguarding procedures and knew how to act in order to keep people safe from harm.

There were sufficient staff employed by the service to enable them to care for people safely.

The registered provider's approach to managing risk was consistent.

Good

Is the service effective?
The service was effective.

People were cared for by staff who received an appropriate induction to their role.

People's healthcare needs were met and they were helped to eat and drink enough to stay well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interest decision making process.

Good

Is the service caring?
The service was caring.

People were treated as individuals and with respect by staff who were aware of people's choices and care needs and how these should be met.

Staff recognised people's right to privacy and promoted people's dignity.

The registered provider and staff maintained people's personal information in a way which ensured it was kept confidential.

Good

Is the service responsive?
The service was responsive.

People and their families were involved in planning and reviewing their care.

People's care plans reflected peoples assessed needs and staff had a good understanding of people's wishes and preferences.

People were consulted about their needs and wishes and had been supported to pursue their community interests and hobbies.

People knew how to raise a concern or complaint if they needed to and the registered provider had arrangements in place to respond to these in the right way.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in post and staff were well supported.

Good

Summary of findings

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

Systems were in place to regularly assess and monitor the quality of the services provided within the service.

An Darach Care

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before we undertook our inspection we reviewed information we held about the registered provider and registered persons had sent to us. In addition, we contacted the local authority who provide financial support for people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

We undertook our unannounced inspection and visited the head office of the service on 24 and 25 August 2015. This was to speak with the registered provider and registered manager and also to review records held there. We also visited people who received services in supported living accommodation which was provided in five separate houses on 24 August 2015. The inspection team consisted of an inspection manager and two inspectors.

During our inspection we spoke with ten people who used the service and used observations of the way people were supported to help us understand the experience of those people who had different ways of communicating their views. For example, through their behaviour and body language. We also spoke with four relatives of people who used the service by telephone.

The registered manager and registered provider were available during our inspection and we spoke with them about how the service was managed and being developed. We also spoke with, a trainee manager, six members of the care staff team and the registered providers facilities manager.

After we completed our inspection visits we also spoke with a social care professional who visited the service regularly.

We looked at eight records related to the care people received and a range of records relating to how the service was run. This included the registered providers statement of purpose, policies and procedures related to how people were supported with their medicines, policies relating to staff and rotas which showed how staff were being deployed. We also viewed six staff recruitment records, records related to the supervision and support arrangements in place for staff and the registered provider's staff training plan.

Good

Is the service safe?

Our findings

A relative we spoke with told us, "We know [family member] is safe because when they visit us they always equally look forward to returning to their home and seeing the staff. The staff are very supportive and we feel [family member] is in safe hands."

Staff we spoke with told us that if anyone was unhappy about their care or was worried they would know. One staff member said, "We know people really well and can tell by individual verbal signs and body language, general well-being if people are happy of if they need extra help." Staff also told us that that had received training in protecting people from harm. They were able to describe the processes for reporting any concerns should they need to do so. This included reporting direct to the registered manager, the local safeguarding authority and the Care Quality Commission.

Risk assessments were in place to ensure that care could be safely provided in people's homes. This was for risks including those for behaviours which could challenge others, choking and going out into the community with staff. These were reviewed regularly especially where a risk changed. For example if a person's behaviours had changed. People's risks were kept up-to-date and these were used to help keep people safe. Where issues of concern in regard to people's safety had been identified the registered provider had acted quickly to respond and provide information to the local authority and the Care Quality Commission about action they had completed and had planned in order to maintain people's safety.

People were supported by staff who had been trained in medicines administration. Staff had their competency to administer medicines regularly assessed. Records of medicines administration had been accurately completed. The quantities of people's medicines held tallied with people's medicines administration records. We found that disposal of medicines followed good practice. Checks were completed to ensure people were supported to take only the medicines which had been prescribed. Staff were able to tell us how people were supported with their medicines including where required, the need to even spacing between each dose. This support also included ensuring people had access to their medicines when they went out in the community or when they went to see relatives. We saw that people were able to take their prescribed medicines in a way they preferred such as with food.

Staff told us and we saw that accident and incident trends such as where people had exhibited behaviours which could challenge others were recorded. They told us that any trends were identified by the registered manager. This allowed specific areas of concern to be identified and acted upon. These were prioritised according to the impact on people. We saw that, as a result of this, action had been taken and was in progress to prevent further incidents. Examples of actions recorded included referring people to the most appropriate healthcare professional.

Staff told us and records we looked at demonstrated the registered provider had a safe staff recruitment process in place. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

During our observations we saw that people were supported in a safe way. Staff we spoke with advised that there were sufficient numbers of staff who were deployed to ensure that people received the care and support that they required.

Staff said that there had were some staff vacancies in the Cambridgeshire area that the registered provider was attempting to recruit to and that they were working additional hours to ensure that there were sufficient staff available at all times. A member of staff we spoke with in one of the houses people lived in said, "We are short of staff but we are a good team and staff will help each other out. Management are really supportive and always help if we need assistance." Staff told us that they were working overtime and extra shifts in order to make sure any additional cover for absence due to leave or sickness was in place.

The registered manager told us they recognised that there had been occasions where people had not been able to go out as often as they would have liked. This had been due to an insufficient ratio of staff to support people safely when

Good

Is the service safe?

they went out in the community. The registered provider confirmed that in order to address this issue they were not taking on any additional work until they had recruited more staff, including a team of four bank staff.

The registered manager had an action plan in place which identified actions they were undertaking to ensure appropriate staffing levels were maintained and in order to recruit new staff. This included a clear recruitment campaign alongside the use of bank staff who would be utilised as soon as they were in place.

Good

Is the service effective?

Our findings

We found, that people were supported by care staff who knew people their support needs well. One care staff told us about each person's likes, dislikes and day to day care preferences. This included the foods people liked, how and where they liked to eat them and any particular dietary needs such as soft food diets.

Staff told us about their induction and said that it enabled them to do their jobs effectively with support from more experienced staff and the registered manager. One member of staff said, "My induction covered several subjects including medicines administration." All staff spoken with had received training in subjects such as the administration of medication, fire safety, food hygiene, infection control and the Mental Capacity Act 2005 (MCA). One member of staff said, "We have lots of training and feel really well supported. There is always a senior member of staff to talk with if we have any concerns."

Training records and information we looked at confirmed staff were supported to receive training specific to the roles they were employed in. Other mandatory training for care staff was planned and provided regularly with updates scheduled for staff. This covered subjects such as, supporting people who may have behaviours which could challenge others, communication including sign language, equality and diversity, and risk assessing. Staff told us and records also showed staff were supported to undertake nationally recognised qualifications including the Care Certificate.

We saw and found that staff were matched, as far as possible, to the people they cared for. Examples included people who had a preference for the gender of their care staff. We saw that staff responded to people's needs in recognition of what the person was communicating. For example, by the person opening their food cupboard or the fridge and staff getting the food or drink choices the person wanted.

Staff were introduced to people they cared for during their induction as well as during day to day contact. Staff told us that they could work in any of five supported living scheme homes where people lived. This was so that staff had the opportunity to develop a broad understanding of what each person's care needs were. We saw and found that staff understood people's needs well. This was by ensuring that the care provided was only with the person's agreement and that this was obtained verbally, in writing or by implied consent.

We found that the registered manager, senior staff and care staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

Where people did not have the capacity to consent, the provider understood their responsibilities in relation to the MCA. For example the registered manager confirmed they were working closely with the local authority who were applying to lawfully deprive some people of their liberty so they could be supported safely.

We saw that each specific decision a person could make had been determined and what information the person could retain. Where care was in the person's best interests this was documented. Decisions that had been made in the person's best interests had been determined using information from families, GP, staff and the registered manager. Staff knew when to respect people's choices. This showed us that staff knew what protection the MCA offered people and also to staff.

People were able to choose their preferred meal options. We saw that people were supported to ensure they ate and drank sufficient quantities. This included what foods people liked and any food allergies they had. One care staff told us that some people had food allergies, what these were and what foods people could eat to support their nutritional needs. We saw staff assist one person with their breakfast, that the person ate it all and indicated, by smiling, that they had enjoyed it.

A social care professional told us that some people had an educational element linked to the overall support they received; and that the arrangements for supporting those people were reviewed every eight weeks. The social care professional told us they visited three of the houses in Cambridgeshire in order to carry out the reviews and said

Good

Is the service effective?

the service provided positive support for the people who lived there. They also said that the registered manager worked well with them and responded quickly in regard to any changes required to people's healthcare needs.

Care staff told us, and we saw, that they were supported to access health care professionals including a GP or dentist when needed. Records we looked at confirmed this. The registered manager and staff confirmed when referrals to health care professionals had been made, for example psychiatrists and how these were followed up. This showed us that people's healthcare needs were responded to.

Good

Is the service caring?

Our findings

People we observed were supported by staff in a compassionate way. This included staff's knowledge of people and what made a difference to their lives. For example, by staff knowing when a person wanted to go outside, go to the toilet and how to respond in a respectful way. Staff gave people time to consider what they were saying and also if the person's response meant they were happy with their care.

People's care plans contained information on people's preferences such as the hobbies they liked to take part in, the places they preferred to spend the majority of their day. We found the level of support each person needed was detailed. For example, people were offered easy read care plans where this was appropriate and with as much or as little staff support that the person preferred.

We found that staff were knowledgeable about people's preferences. For example, where the person liked to relax during the day such as walking in the gardens. People were consistently offered choice based on what was important to them. For example, with their safe access to and in the community. We saw that staff reminded people to wear appropriate clothing and footwear without causing the person any unwanted anxieties.

Care staff gave some examples of what respecting people's privacy and dignified care was. Examples including allowing people privacy to complete their personal hygiene, assisting people appropriately when out in the community with their continence care needs and ensuring people's curtains and doors were closed.

We saw in records viewed that people's life histories were used to form the basis upon which their care plans were based. For example, the person's life history and what their preferred hobbies and interests were. Staff were attentive to people's requests for assistance and supported people using appropriate language, referring to people by their preferred name and talking politely and respectfully with people.

Staff had received guidance about how to correctly manage confidential records. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. People's care records were maintained in a secure electronic format. However, where required, people were able to review their care plans using a hard copy. This also included an easy read option. Where relatives were involved in making decisions for people this was also recorded. If the person was not able, or choose not, to sign their care plan this was recorded. We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could co-ordinate and complement each other's contribution.

The registered provider told us that people could express their wishes and had family and friends to support them to do this when it was needed. However, for other people the service had developed links with local advocacy services which could provide guidance and assistance if this was needed. It was noted in one of the care records we looked at that one person's advocate had been given a copy of the complaints procedure so they could help support the person communicate any concerns that they may have had. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. Information about how to contact advocacy services was available in all of the peoples own homes.

Good

Is the service responsive?

Our findings

One relative we spoke with told us, "The staff have got to know us well in order to get a full and thorough understanding of our [family member]. I feel very involved and know how to contact the manager and the organisation at any time if I have any queries or need to talk. I feel they are always there for me as well as [my family member]. Another relative said, "I have a good relationship with the staff. Reviews and arrangements for activities are consistent. I just want what is best for [my family member] and I think the service puts the person at the heart of what they are trying to achieve."

The registered provider had taken time to support care staff to work with people and their relatives and other significant people in order to obtain relevant information about people's life histories, Information was recorded in care plans. Staff we spoke with said this helped them gain an individual understanding of what was really important to each person. This included reviews of people's care using easy read documents. The information assisted people to be as involved in the assessment and planning of their care and also helped staff identify people's interests and hobbies and how these could be maintained. For example, going swimming, to a zoo, meeting families and friends or watching their favourite film.

We also saw and staff told us that they supported people to maintain links with the local community such as going out for a meal or to the seaside. Other links included going to see relatives for the weekend. All people using the scheme were involved in an education programme. Tutors visited the scheme during term times to support people with their educational development.

We saw that people's care plans included a record of people's achievements. This information was used to inform the planning and involvement of people in the development of their care plans. For example, as a result of certain food intolerances or allergic reactions. Measures including access to people medicines in an emergency were in place. This was to help ensure responses to people's needs were acted upon swiftly.

Staff told us that people's care plans were updated at least every month or more frequently if ever the need arose. For example, if a person's needs had changed or a person had achieved one or more of their goals. We saw that the senior staff member supporting a person in their home used the daily care records made by staff as a way of identifying what care and support worked well for the person and where improvements were required. This allowed staff to respond to the person's needs based upon the most up-to-date care information.

Staff told us and we saw that people's body language, facial expressions and vocalisations were used to identify if people were not happy. We saw staff respond to people's requests for assistance such as with their daily care needs. This was to the person's satisfaction. People were able to choose their preferred care staff. Staff told us that some people preferred female care staff whilst others preferred males or had no particular preferences.

People had access to a service user guide, which was available in easy to read formats. The information included details about the arrangements in place for people to live as independently as possible as tenants in their own homes. The information also provided details for people about how they could access the registered provider's complaints procedure.

People were supported to raise concerns about their care. This was by their preferred means of communication and also with support from staff. Relatives told us that any concerns they had were addressed quickly and the registered manager showed us records to confirm the actions they were undertaking in response to the concerns received. For example, the registered manager and a relative we spoke with told us about a query the relative had raised about being supported to receive regular updates on the activities their family member took part in. The registered manager confirmed the arrangements that had been agreed and how information was being shared to enable the person's family to be more involved and to understand how care was being delivered.

At the time of our inspection the registered provider confirmed that there were no outstanding complaints

Good

Is the service well-led?

Our findings

The registered manager told us and staff we spoke with confirmed they were provided with information and guidance which covered the principles and values of the service. Staff we spoke with clearly demonstrated their understanding of the values of the service through their description of the support they provided to people and the behaviour that was expected of them.

The service had a registered manager in post who confirmed they were well supported by the registered provider to carry out their role and responsibilities. The registered provider described how their different roles fitted together to ensure the smooth running of the service. We found there were clear communications systems in place to make sure the management team worked well together. Staff told us that the registered manager regularly visited all of the people in their own homes to check how things were working and spoke with people and staff on a weekly basis. Relatives and staff also told us the registered manager and registered provider were always available to contact by phone if advice and support was required.

The registered provider had a statement of purpose in place. The registered provider confirmed this was currently being reviewed and updated in line with their planned development and growth of An Darach Care. The registered provider told us that they had increased service provision during the last ten months so that more people could be supported to live in their own homes with personal care support. During our inspection the registered provider completed the updates they had identified as being required in their statement of purpose and provided us with a copy of the document for our records.

The registered manager told us a recent local authority contracts visit had resulted in some recommendations being made in regard to the contractual arrangements in place with the service. The registered manager confirmed that they were communicating and working with the local authority in regard to actions they were taking in response to the report. The registered manager showed us a separate action plan they had already developed to address issues they and the registered provider had identified. For example in relation to recruitment of staff. The plan included timescales for completing the actions set and the information had been shared with the local authority.

We found that the registered manager completed regular audits and spot checks. This was for subjects such as the accurate recording and administration of people's medicines. Staff told us that these visits were unannounced and could happen at any time. The registered provider also visited people to ensure the right standards of care were maintained and the environment for each person was safe to live in. We spoke with the facilities manager who confirmed that they undertook additional environmental checks and any repairs and decorative changes that were needed or requested by people in their own homes. For example, we saw one person had chosen to have a feature wall colour in their bedroom to reflect the football team they supported. We saw the work had been carried out quickly in order to fulfil the person's specific request. When we spoke with the person they showed us their room and said they liked it.

The registered manager showed us they had an incident and accident recording system in place which staff were aware of and followed. Any accidents were recorded, investigated and actions taken to reduce the risk of them reoccurring. This included incidents involving people's behaviours which could challenge others. We saw that action had been taken in response to these identified issues. For example, increasing the number, and frequency, of staff supporting people. Incident records were audited by the registered manager on a regular basis to identify if there were any patterns or trends for example, if they occurred during a certain time of day. This information was used by the registered manager to review if changes needed to be made to the arrangements in place for care.

The registered manager confirmed that between 1 March 2015 and 24 August 2015 one incident had occurred in March 2015 which they had needed to report to the local authority. The registered manager told us the actions staff had taken to respond to ensure the person had received appropriate support and that these actions had been taken to try to reduce the risk of further incidents occurring. We spoke with the local authority who also confirmed that the registered provider had informed them of the incident and had taken appropriate actions. However, we had not been informed about the incident. The registered manager recognised they needed to send a formal notification to us and took action to submit the appropriate notification for our records.

Good

Is the service well-led?

Staff confirmed that the support they had received had helped them to consider people's needs more effectively. Staff training was updated every six weeks where staff were required to complete a certain amount of their training. This was to confirm they had the appropriate skills to provide care in the way it was expected by the registered provider. Managers and staff told us that as well as training, mentoring was provided by the registered provider. A trainee manager told us that the registered manager as well as the registered provider regularly supported them in developing their role.

All staff told us they liked working at the service and that it was a rewarding place to work. One member of the care staff team we spoke with said, "It can be challenging at times but that's what I like. No two days are the same. It is so nice to see the difference we make to people's lives." Another care staff member said, "We can work in other places where people (using the scheme) live. It's all about making sure we meet their [people's] needs."

The registered manager confirmed they had arrangements in place to support staff with supervision and that annual personal development reviews had been planned for all staff. Some staff told us they didn't receive one to one supervisions on a regular basis but that staff meetings were held and that they did feel well supported. One staff member told us. "The manager is always on the end of a phone and we see him all the time. He is hands on and we feel it's enough to help us feel supported."

Relatives and staff we spoke with told us there were good and regular communications from the registered providers office. Relatives also said they knew who to speak with when they needed to check any of the care arrangements or had a general query.

Staff told us they felt able to raise concerns and were confident that these would be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing line they could report any concerns to without fear of any recrimination. One staff member said, "There is a document called 'whistle while you work' which sets out all the information we need to whistle blow if we were concerned about anything." We saw copies of this document were freely available for staff to access.

People's views were sought in a variety of ways including general observations as well as informal meetings every week. Staff told us that people's views included those expressed by people's behaviours; body language and vocal expression were considered. Staff told us that one person had told them how happy they had been after a trip to the zoo. There was also an opportunity during care plan reviews to seek people's general views. This was by the person's most appropriate means of communication such as a selection of pictorial cards which the person used as a means to express their wishes. This included an indication about what the service did well for people and any areas where there was potential for change and improvement.

The registered manager also told us they regularly spoke with relatives in order to obtain feedback on the care provided. One relative told us, "Communication is two way and we are impressed with the care provided. Any issues are addressed head on. For us as a family continuity of care is really important and we believe the service provides this for [our family member]."

The registered manager and provider told us that in line with the development of the service during the last year they had decided to undertake a formal survey with people their relatives and involved health and social care professionals to obtain additional feedback on the quality of services provided and how these might be further developed. The registered manager showed us a copy of the template they planned to send out and confirmed the survey would be undertaken in October 2015.