Kisimul Group Limited

An Caladh House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 7 and 8 January 2019 and was announced. This was to ensure someone would be available to speak with and show us records.

An Caladh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

An Caladh House accommodates up to ten people with learning disabilities in one adapted building. On the days of the inspection there were ten people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

At our last inspection we rated the service good. At this inspection we found the service had improved to outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service was exceptionally person-centred and delivered support in a way that met people's individual needs. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Without exception staff and management worked in a way that put the needs of people first. Support plans were written in an extremely sensitive and thoughtful way that reflected people's life history, and likes and dislikes in great detail.

The service went the extra mile to protect people from social isolation and was extremely responsive to people's individual needs.

The service went over and above complying with the Accessible Information Standard (AIS). Pictorial information was used to support people to communicate and to provide steps for them to follow to increase confidence and promote independence.

There was a strong emphasis on continuous improvement and research was carried out into best practice. Governance was extremely well embedded in the running of the service.

The service had a positive culture that was person-centred and inclusive. Family members spoke very highly about the management team. Staff were highly motivated and proud to work for the service.

The service worked well in partnership with other health and social care professionals to improve outcomes for people.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed. The manager and staff were working with healthcare professionals to reduce people's needs for psychotropic medicines. Psychotropic means medicines prescribed to alter behaviour, perception or mood.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were enough staff on duty to meet people's needs. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and family members were aware of how to make a complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were appropriate to meet the needs of people and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and continually evaluated.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Care and support was provided in a way that took account of each person's personal needs and preferences.

Staff supported people in ways which enabled them to have as much independence, choice and control over their lives as possible.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

Staff understood the needs of the different people that used the service and delivered care and support in a way that met those needs.

The service went the extra mile to protect people from social isolation and help them develop meaningful relationships.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager focussed on developing a strong and visible person-centred culture in the service. The service had innovative ways of enabling and involving people.

There was an excellent level of management oversight. An effective system of audits was in place that ensured the service was regularly monitored to maintain existing high standards.

An Caladh 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 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.

This inspection took place on 7 and 8 January 2019 and was announced. One inspector carried out the inspection.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. We spoke with two people, carried out observations and spoke with three of their family members. We spoke with the registered manager, deputy manager, area manager, senior compliance officer, three staff and two health and social care professionals. We looked at the care records of five people who used the service and the personnel files for three members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe at An Caladh. One family member told us, "Very safe. They look after [name] very well." Another family member told us, "They have all the protocols in place to minimise the risk of [name] hurting themselves."

Appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

Staffing levels varied depending on people's needs. Family members and staff did not raise any concerns about staffing levels, and staff told us they covered any absences among themselves. A family member told us, "The continuity of staff is amazing." Another family member told us, "I am very happy with staffing numbers."

People were protected from the risk of infections. The home was clean, spacious and suitable for the people who used the service. The provider had an infection prevention and control policy and procedure in place. Regular audits were carried out and staff had annual hand hygiene competency assessments.

Incidents were appropriately recorded. These documented actions taken and lessons learned. Risk assessments were in place for people who used the service and described the nature of the risk, risk level, method of risk reduction and management, and review of effectiveness.

Incidents of a safeguarding nature were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibilities with regard to safeguarding and staff received training in the protection of adults. We found the provider understood safeguarding procedures and had followed them.

Checks were carried out to ensure people lived in a safe environment. Electrical installation and gas servicing records were up to date, and risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place, fire drills took place regularly and firefighting equipment was regularly checked. A protocol for emergency situations and evacuation plans were in place.

Appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were regularly audited and staff completed practical medicines competency assessments. Risks when taking medicines were documented including the risk of choking, the risk from epileptic seizures and the risk if the person was not given full support and assistance. Action plans were in place, such as frequent reminders to take medicines, full support and assistance when taking, and to be informed of the purpose

and need for the medicine.

Some people were prescribed psychotropic medicines. Psychotropic means medicines prescribed to alter behaviour, perception or mood. These were prescribed in line with the provider's STOMP pledge and psychotropic medicines policy. STOMP stands for stopping over medication of people with a learning disability with psychotropic medicines. It is a national project involving many different organisations with the aim of stopping the over use of these medicines. The registered manager and staff demonstrated a good understanding of STOMP and were working with healthcare professionals to reduce people's needs for these medicines via reduction plans. The service also followed guidance provided by the National Institute for Health and Care Excellence (NICE), which recommended a review every six months for a person prescribed psychotropic medicines.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One family member told us, "The staff understand [name]'s needs. We've seen a very positive approach from staff." Another family member told us, "The staff have good training" and "They let us know about any incidents and we receive weekly updates."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. New staff completed an induction to the service. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. One staff member told us, "The training has been superb. I feel really confident in what I do. It's great what they offer us."

People's needs were assessed before they started using the service and continually evaluated to develop support plans. People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as dietitians and speech and language therapists (SALT). For example, one person had been referred to a dietitian to support them with weight loss. Guidelines were set up regarding menu planning and increased physical activity. We saw the person had lost a significant amount of weight since admission to the service. Another person had specific dietary needs as they were at risk of choking. They had been referred to SALT and specific guidance was provided to staff on how to support the person to reduce the risk.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS had been applied for and authorised, and mental capacity assessments had taken place and were recorded. For example, the administration of medicines, consent to treatment, finances and restraint.

'Resident relative communications' records were maintained that documented any contact with family members. Updates were communicated to family members by telephone or email based on their preference and updates on any appointments the person had attended were communicated to family members the same day.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, dietitians, SALT and psychiatrists. Oral hygiene care plans were in place that recorded any special requirements and the frequency of dental check-ups.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at An Caladh. One family member told us, "Some of the staff have such a good relationship [with family member] that they come in on their days off to support them when we visit so we can all go out" and "They try to give [name] as much independence as possible. They do that very well." Another family member told us, "They will sign to [name] for example, would you like to go out for a walk. If [name] doesn't want to, they respect that."

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff demonstrated a good understanding of people's individual needs.

Staff treated people with dignity and respect. We observed staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Preserving people's dignity was embedded in the service. The service held events to promote dignity, such as a 'Walt Dignity' barbeque where people were invited to attend as their favourite Walt Disney characters, and 'Strictly dancing for dignity', which was a themed workshop held in the village hall. A dignity tree was on the dining room wall that displayed words and phrases that defined what dignity meant. For example, "Think before you speak", "Being kind and considerate" and "Helping me to help myself." The ten "dignity do's" and dignity in care guidance was also on display. A family member told us, "They do that [treat people with respect] very well."

People were supported to maintain their independence where possible, and care records described what people could do for themselves and what they required support with. For example, "[Name] is unable to independently maintain their own hygiene and requires carer support to take care of them" and "[Name] should be given support to maintain their independence, ability and confidence with regard to bathing." A family member told us, "[Name] is now actually allowed in the kitchen and can make themselves a cup of tea."

People's preferences and choices were clearly documented in their care records. Communication support plans were in place that described how people communicated and the level of support they required with their communication needs. For example, one person communicated through speech at one-word level. They had a vocabulary of 10-30 words and displayed a good level of understanding to things that were said to them. They used gestures, visual aids and had limited understanding of Makaton. People attended regular sessions with SALT to encourage and promote communication.

None of the people had spiritual or religious needs. The registered manager told us people visited the local church and attended coffee mornings there.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and

options and promote their rights and responsibilities. The registered manager told us none of the people using the service at the time of the inspection had an independent advocate.

Outstanding ☆

Is the service responsive?

Our findings

The service was exceptionally person-centred and delivered support in a way that met people's individual needs. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. A family member told us, "[Name] is the happiest they've been for a long time. We can see that", "They are trying to expand their interests. [Name] previously never went out anywhere" and "All of the staff are young people, they have got influence on [name] and encourage them well. They help [name] buy clothes appropriate for their age. [Name] is now choosing things for themselves." Another family member told us, "The staff are brilliant at getting [name] out and identifying ways of encouraging them. If [name] is displaying a behaviour that they clearly don't want to go out, they respect that. A health and social care professional told us, "They [the service] are really good at accessing services and making referrals."

Without exception staff and management worked in a way that put the needs of people first and enabled them to reach their potential. Support plans were written in an extremely sensitive and thoughtful way that reflected people's life history, and likes and dislikes in great detail. Records described what the person could do for themselves, what they required support with and actions for staff to take. Individual goals were set and these were regularly reviewed and evaluated. Goal organisers described what the person's goal was, how it was to be achieved and an update on progress. Goals included independent living skills, such as cooking, or safely accessing the community. For example, one person's goals included getting on a public bus, getting a drink from a pub or shop, and following steps to safely cross the road. We saw all three goals had been achieved.

We observed care and support being delivered in a way that reflected people's preferences. Staff read people's body language and responded accordingly to minimise distress. Staff knew every person they cared for in depth, what was important to them and the best way to provide care to them. One staff member described in detail the protocols put in place to support people to engage in stimulating activity, improve confidence and independence, and reduce the number of incidents of a challenging nature. They told us, "It's all about what we can do to improve the quality of life for this person." Another staff member told us, "When you see how much they are progressing, it inspires you to do more."

People were protected from social isolation. Individual hobbies and interests were recorded and people took part in 'activity sampling'. Activity sampling was used to identify new activities that people may be interested in trying and each activity was evaluated to see whether it had been a success. The person was fully involved in the process and was given the opportunity to choose activities they would like to sample. Each person's activity sampling file included a list of activities and which ones the person preferred. For each activity, a questionnaire was completed. This included, details of the activity, did the person enjoy it, did the person require a lot of encouragement to engage in the activity, and what did person enjoy the most about the activity.

Records showed how taking part in activities had positively impacted on people's lives and had helped people to develop and maintain meaningful relationships. For example, one person was previously very

socially isolated and with support from staff had been slowly building up their confidence in the local community. This was evidenced by their increased interactions with staff in shops they visited. The person had fed back that they were "proud and pleased" with themselves for doing this. It was therefore decided to increase opportunities for the person to access new activities and locations to further improve their confidence and independence. A staff member told us, "I never thought she'd go [to shopping centre] or anywhere like that. It's such a good thing for me to see."

Another person was previously unable to access the local community due to incidents of a challenging nature. Staff had worked with the person and over time they were now able to take part in external activities. For example, trips on the mini bus, going to the local shops, walks in the park, and eating out. One person told us how they had signed up to a local football team and was looking forward to taking part.

The service was extremely responsive to people's individual needs. For example, a positive behaviour support (PBS) pathway had been developed by the management team to reduce the need for physical intervention. This included a comprehensive review of practice and was reviewed quarterly. The provider had a PBS lead who worked with the service to assess people's needs in this area and staff were appropriately trained. Assessments looked at previous incidents and daily logs, and identified triggers of behaviour. PBS plans were put in place and strategies were devised to support people and reduce the number of incidents. We saw how over the last three years there had been a significant reduction in the number of incidents at the service that had required physical intervention. For example, one person's care records described how the number of incidents involving the person had reduced following the introduction of skill development strategies and quality of life improvements. These included a greater choice and independence over their own environment, and involvement in activities. A staff member told us, "The PBS training is brilliant. It benefits us as well as the people."

The service was complying with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, one person had presented incidents of a challenging nature whilst out in the community or on their return to the service. It was identified that the trigger for these incidents was disappointment following high expectations of what to expect whilst on the trip or taking part in the activity. To improve communication between the person and staff, and to reduce expectation, pictures were used so the person could determine for themselves what activity they would like to participate in and have a better understanding of what it involved. We saw that following the implementation of this system, there had been a significant reduction in the number of incidents involving the person in the community.

Pictorial information was used to support people to communicate and to provide steps for them to follow to increase confidence and promote independence. For example, one person had a cooking book in an easy to read format that provided a step by step guide to help the person prepare three different meals. Other examples included residents' weekly meeting agendas were written in an easy to read format and a guide for visiting the dentist had been produced so people had a better understanding of what to expect when they visited the dentist.

End of life support plans had been sent to family members with an explanatory letter. The support plans were in an easy to read format. One had been completed and included future plans, people and things that were important to the person, contact information, how the person would like to be cared for, and whether they had any funeral plans.

The provider had a complaints, suggestions and compliments policy and procedure in place. This was available in an easy to read format. There had been two complaints recorded in the previous 12 months and

these had been appropriately actioned and resolved. Any lessons learned were fed back to staff via supervisions and meetings.

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led. The management team had embraced the provider's principal aim, which was to best meet the needs of people so they can reach their full potential and live as rich and rewarding a life as possible. Family members spoke very highly about the management of the service. One family member told us, "Well led? Oh gosh, yes. We can ring up at any time. We have their mobile contact numbers as well" and "If there's anything wrong, they contact us straight away." Another family member told us, "I think the organisation on the whole is run extremely well" and "I would put them at outstanding. I would have no qualms in recommending the service to anyone else." A health and social care professional told us, "It's a lovely place to visit. They are really engaging with our service."

The management team actively enabled people to become involved in the running of the service. Regular meetings were held with people to obtain feedback on the care and support provided, and on activities and events. Information was provided in an easy to read format to help people make choices and voice their opinions. Their decisions and opinions positively impacted on the running of the service. For example, one person decided they would like to take part in football training one evening per week. The management team put plans in place to enable this to happen and made sure that a member of staff was available to support them to attend. People were involved in the recruitment of new staff. Feedback was obtained from them about what questions they would like asked at interviews. Candidates would spend time with the people, who would then provide feedback to the management team. The deputy manager provided an example of when feedback from people had resulted in a candidate not being offered a position at the service. Staffing levels were regularly reviewed and altered to reflect people's individual needs and choices. For example, to support people to attend events and activities they had chosen to take part in during the evening and at weekends.

There was a strong emphasis on continuous improvement. The management team had spent time carrying out research into best practice models that could be used at the service. These were tested and regularly evaluated. People were consulted throughout the process to ensure these models were meeting their individual needs. These included activity sampling, functional assessments, that were used to identify why particular behaviours or incidents occurred, and activity support. Activity support is a method of enabling people with a learning disability to engage more in their daily lives. It advocates changing the style of support from 'caring for' to 'working with' people to promote independence and encourage people to take an active part in their own lives. We saw how this had been used to support a person to become more empowered to make their own decisions and to become more independent.

A new positive environment checklist had been implemented to assess whether the settings in which a person lives, works, or goes to school/college are structured in a manner that promotes and supports positive behaviours. Areas of good practice had been recorded and shared with the staff team. For example, the use of goal planning to support people to achieve desired outcomes such as becoming more independent, and use of the STAR model. STAR stands for settings, triggers, actions and results, and was used to identify why a particular behaviour or incident occurred. A service development plan was in place and reviewed monthly. This included identified areas for improvement, actions required, the benefits and

outcomes, and timescale for completion. The provider produced a bi-annual good practice newsletter that was shared with their services so managers and staff could learn from each other.

The service had adopted the PERMA model. PERMA stands for positive emotion, engagement, relationships, meaning and achievement. It was designed to support people to achieve a life of fulfilment, happiness and meaning. We saw an example of where PERMA had been used to support a person to achieve new stages of learning and independence, such as withdrawing money from a cash machine.

Staff were highly motivated and proud to work for the service. They told us they felt supported by the management team. One staff member told us, "Literally their door is always open. They are really approachable" and "I love it [working for the service]. It's so easy to get attached to the adults we work with. They are so amazing in their own ways." Another staff member told us, "I feel like I can go to them [management team] about anything, not just work." The management team actively encouraged staff to professionally develop and apply for promotion. The management team had previously been employed as care staff at the service and existing senior staff told us how this had empowered them to develop and apply for promotion themselves. A staff member told us, "They've [management team] got more understanding [due to having worked at the service as care staff]."

Staff were involved in the running of the service and encouraged to provide feedback. Their feedback had resulted in changes to practices. For example, debriefs took place at the end of every shift and feedback from staff was used to determine whether changes were required to staffing levels or to support plans and risk assessments. Staff surveys were carried out, and the results were analysed and fed back to staff. From the most recent survey, we saw 96% of staff believed the registered manager was an effective leader, all of the staff felt they had a clear understanding of the service's goals and objectives, all of the staff thought the service had a clear understanding of what people wanted, and all of the staff felt empowered to do the right thing for the people they supported.

Performance management processes were effective and regularly reviewed. The provider's quality monitoring team carried out audit visits to the service based on risk and supported the local staff team to improve standards. Audits were carried out based on the CQC key lines of enquiry (KLOE). Audit results were shared with staff teams so that action plans could be put in place for any identified issues.

Governance was extremely well embedded in the running of the service. The registered manager completed a monthly quality assurance report. This was reviewed at the provider's monthly quality assurance meeting with the KLOE audit. Actions were added to the service's development plan. This was reviewed monthly and included any identified areas for improvement, actions required, ownership, the benefits and outcomes of the action, and date for completion.

People and family members could feedback on the quality of the service via meetings and surveys. Regular newsletters were sent out, which provided updates on the service, including information on any changes or events.

The service worked well in partnership with other health and social care professionals to improve outcomes for people. For example, working with healthcare professionals and family members to reduce the use of psychotropic medicines, and using functional assessment reports to review recommendations and actions taken following incidents of a challenging nature. A social care professional told us, "I am kept informed of any changes or incidents with regards to [name]" and "I feel the communication with the home is effective and we have a good working relationship."

The service had excellent links with the local community. People attended coffee mornings at the local church, and accessed local cafés, groups, pubs and shops.