

Kisimul Group Limited

# Tigh Allene

## Inspection report

2A Church Hill  
Washingborough  
Lincoln  
Lincolnshire  
LN4 1EH

Date of inspection visit:  
19 May 2016

Date of publication:  
04 July 2016

Tel: 01522797947

Website: [www.kisimul.co.uk](http://www.kisimul.co.uk)

## 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 ● |

# Summary of findings

## Overall summary

We carried out this announced inspection carried out on 19 May 2016.

Tigh Allene is based in the village of Washingborough, which is a short distance from the city of Lincoln. It provides accommodation and support for up to five adults with a learning disability. There were five people living in the home at the time of our inspection.

There was an established registered manager in charge of the home. 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 were appropriately recruited to ensure they were suitable to work with the people who lived at Tigh Allene. They had received a structured induction and support to deliver a good quality of care to people. An active training programme was in place to enable staff to maintain and develop their skills.

Staff knew how to respond to any concerns which might arise so that people were kept safe from harm. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty to give each person the individual support they needed.

People were supported to eat enough to keep them healthy. People had access to the drinks they wanted and a wide range of choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when 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 worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity. Staff knew how to respond to people who had different communication needs. People had been consulted about the care they wanted to receive and all of the care they needed. People had also been supported to receive all of the healthcare assistance they needed.

Staff supported people to pursue a wide range of interests and to maintain their individual hobbies.

Regular monitoring and quality checks undertaken ensured that any issues related to the running of the

home which might be identified would be quickly resolved. There was a clear system in place for resolving more formal complaints.

The home was run by the registered manager and provider in an open and inclusive way and people, their relatives and staff were supported to speak out if they had any concerns .

People living at the home, their relatives and visiting health and social care professionals provided regular feedback on the quality of the services provided at the home. The provider and registered manager had developed a culture based on listening and learning about how care should be provided in order to identify and take action to keep improving the services they provided.

## 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.

Staff knew how to keep people safe from harm.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

People were helped to avoid the risk of accidents and people who needed staff assistance to take their medicines were supported safely to do this.

### Is the service effective?

Good ●

The service was effective.

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

People were supported to eat and drink enough and they had been supported to receive 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.

### Is the service caring?

Good ●

The service was caring.

Staff were compassionate kind and caring.

Staff respected people's right to privacy and staff were imaginative in how they responded to people's care needs.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

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

Staff had provided people with all the care they needed.

People were supported to maintain and further develop a wide range of hobbies and interests.

There was a system in place to respond to and resolve complaints.

### **Is the service well-led?**

The service was well led.

The registered manager promoted good team work. Staff were well supported and were encouraged to speak out if they had any concerns.

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

There were a range of quality checks in place which ensured that people consistently received all of the care they needed.

**Good** ●

# Tigh Allene

## 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.

We visited the Tigh Allene on 19 May 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.

Before we carried out our inspection visit we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners.

During the inspection we spent time in the company of the three of the people who lived at the home. We also spoke with two of the care staff team, the registered manager and the deputy manager. We observed care and support that was provided in communal areas of the home and looked at the care records for two of the people living in the home. In addition, we looked at records that related to how the service was managed including staffing, training and the registered manager and the provider's quality assurance processes.

As part of our inspection two relatives of one person who lived at the home made contact with us to tell us their views about the quality of the care provided to their family member. We also received feedback from a healthcare professional who had regular contact with the home.

## Is the service safe?

### Our findings

People showed us through their behaviour that they felt safe living at Tigh Allene. For example, the interactions and communication between people and the staff who were working were open and warm. We observed people regularly communicating with staff and going about their day in a relaxed way and following the plans they had in place.

Relatives we spoke with also told us they felt their family members were cared for in safe ways and were confident that their family member's safety was a priority for staff. One relative told us; "Whenever we visit [my relative] seems happy and relaxed and has referred to Tigh Allene as their home."

The registered manager and staff we spoke with told us and records confirmed they had received training and regular update training about keeping people safe from harm. The deputy manager described the procedure in place to report any concerns for the safety of people they supported which they identified. A staff member also told us that, where required, they knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, care records included individualised risk assessments which showed us they used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills in the home and so that they could go out and enjoy a range of community activities. One person showed us they enjoyed playing basketball and we saw a staff member supported them to go out into the home's garden and practice scoring in a basketball net whilst being safely supported to do this.

Staff told us they knew people very well and that if anyone was unhappy about their care or was worried they would know. This was through the direct communication methods they had developed together with people and through individual verbal signs and any changes in their behaviour. Staff confirmed their training focused on these aspects of people's safety and the use of re-direction and de-escalation techniques. However, when it had been required the registered manager, deputy manager and staff confirmed they were able to undertake safe physical interventions in order to protect people. Records of any interventions undertaken had been maintained and were regularly reviewed by the registered manager and deputy manager. They were then discussed together with staff so they could work to reduce them wherever possible.

We also saw that there were suitable arrangements in place to protect people from the risk of financial mistreatment. This included senior staff assisting people to manage their personal spending money by securely holding it for them, recording each time they spent money and checking that the remaining cash balances were correct.

We saw there were reliable arrangements in place for ordering, storing, administering and disposing of the

medicines people needed to take. The deputy manager showed us the arrangements were checked as part of their regular audit procedures and that these audits were further supported by external audit checks. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and records showed that they were correctly following written guidance to make sure that people were given their medicines at the right times.

Staff we spoke with and records we looked at confirmed that a range of recruitment checks had been carried out before they were offered employment at the home. These checks included the provider asking about and verifying any potential staff member's identity and work history. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home and previous employment references had also been obtained.

Relatives, healthcare professionals and staff we spoke with told us they thought there were enough staff available to support people in the ways they needed.

The registered manager and deputy manager told us staffing levels were kept under regular review using information about any increase in care needs identified through care reviews and using feedback from staff who regularly assessed people's support needs. The registered manager said this information helped them consistently identify the amount of staffing required to meet that need. The rota information we looked at showed staff with a combination of care skills were deployed over each shift to make sure the skill mix was right for the people being cared for. During our inspection we saw that the staff team who were working had sufficient time to meet people's needs and to communicate to them freely and in a relaxed way without rushing. One staff member said, "We work as one team here. Any issues about cover are addressed straight away so we always have enough staff."



## Is the service effective?

### Our findings

People were confident that staff knew what they were doing, were reliable and had their best interests at heart. An example of this occurred when we spoke with one person indicated they wished to show us their room and that they were proud of the way they had set it out. The deputy manager assisted the person to do this. They showed us they had chosen the colour on the walls and how they had arranged everything. The person indicated they were very happy by smiling and gesturing that they were excited to have showed it to us. We saw other people's rooms had been set out in their own preferred ways. For example another person had developed a keen interest in science fiction films and had decided to decorate their room with the themes they were currently interested in.

Two relatives told us they thought staff were well supported and well trained to carry out their roles. One relative told us, "We believe that [my relative] is provided with structured and consistent support from support workers who are trained and knowledgeable in autism, severe learning disabilities, sensory processing difficulties and communication. [My relative's] behaviour and well-being have improved during his time under their care."

Records showed that new staff had received a structured six week induction and undertaken introductory training before working without direct supervision. This involved completing the Care Certificate which is a nationally recognised model for ensuring that new staff have the knowledge they need to care for people in the right way. Staff told us and records also showed that that staff had been supported to obtain a nationally recognised qualification in care. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex care needs resulting from particular healthcare conditions. The registered manager said that this training was necessary to confirm that staff were competent and able to continually adapt when needed to care for people in the right way.

Staff told us and records confirmed staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we observed that senior staff regularly observed and supported the way in which other staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs. Staff told us this helped them to keep developing their existing skills and identify any areas they would benefit from further support or training.

People were supported to eat and drink enough to stay well. Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a wide range of meal options which reflected their preferences. We observed that staff were consistently supporting people to be as involved as possible in all stages of planning, shopping for and preparing their meals. This approach helped to engage people in taking care of themselves and in addition we saw it contributed to their meal times being enjoyed as a shared activity. As part of the menu planning people's special dietary needs were also taken into account so any risk could be removed.

The registered manager also told us about, and review records showed the strong links they had developed with other professionals and agencies and that this had helped provide services in a co-ordinated way. For example, whenever it had been necessary people were supported to see external health and social care professionals including their doctor, dentist and an optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. A healthcare professional told us the staff, "Are passionate about meeting the needs of the residents, and seeing that they receive the healthcare that they need. They have liaised between myself, the GP and the Consultant Psychiatrist on occasions. I have found that they always take my advice. They are always very knowledgeable about the residents, and are able to answer my questions in detail."

The registered manager and staff demonstrated a clear understanding of 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 it was advisable to have regular health checks and to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to make sure 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 the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. A healthcare professional described how they worked together with staff when this had been needed and that communication between health professionals and the home was positive. They told us, "I have witnessed the excellent rapport and interactions which the staff have with the residents, and I can recall how reassuring the staff were to a resident awaiting an operation. They supported them in the anaesthetic room and in recovery. Their familiar presence promoted a positive and safer experience for the resident, their operation was carried out. This was a positive outcome."

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 they may need to be deprived of their liberty in order to keep them safe. Information showed three of the applications had been approved and we had been informed of the outcome of these. The other applications were at different stages of progression and whilst these were being completed people were being safely supported. 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 at the home showed us through their behaviours that they were positive about the quality of care they received. Relatives also told us they felt the staff team were very caring. One relative said, "Whenever we visit [my relative] seems happy and relaxed and has referred to Tigh Allene as their home".

We observed staff did not rush when they worked with people and any support and time involved in helping people was centred on the person rather than the task. We saw one person was being supported to do a puzzle in one part of the home and the person indicated to us they had chosen this activity themselves. Another person returned to the kitchen to collect a cup of tea they had made for themselves earlier. They took it to another communal area of the home and the deputy manager told us this was part of the person's daily routine and they liked to be quiet in the mornings. We saw staff fully respected this and following the person's wishes kept the door to the room closed. We also noted people had their own bedrooms to which people could go to in order to relax and enjoy their own company if they did not want to use the communal areas in the home.

We saw that people were being treated with respect and in a caring and kind way by staff. 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 communication took place which motivated people and that promoted their wellbeing.

Relatives told us and records showed that staff regularly supported people to keep in touch with them through planned visits, by telephone and through the use of any computers they used. In addition to maintaining and building strong links with family member's the registered manager and staff had also developed links with local lay advocacy services and there were arrangements in place to enable people to quickly access a lay advocate if this was needed. Lay advocacy services are independent both of the service and the local authority and can support people to communicate their views and wishes. The registered manager and staff said this was important if someone did not have family or friends to help them communicate their wishes. Contact details for the local lay advocacy service were available for people to access at any time.

The registered manager and staff understood the importance of maintaining confidential information and respecting people's right to confidentiality. Staff were discreet when they spoke with us about how they met people's needs and ensured the doors to rooms were closed when they were sharing any information which was confidential to the person they were speaking with us about. The registered manager confirmed people could speak with relatives and meet with health and social care professionals in the private if they wanted to do so and we saw in addition to people's private rooms, private spaces were available in the home for people to meet. 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 people who lived in the service if another person who lived there was present.

## Is the service responsive?

### Our findings

Staff we spoke with described how assessments were carried out before people moved to the home. This included supporting people with familiarisation visits, which people told us had been undertaken to make sure they were happy to move into the home. A staff member described the process in terms of it being all about the person saying, "We work to really try to get to know people and their families and if the person wants it we involve all of them as part of the process of moving in."

Records showed the assessments had been used to create care plan records for each person who lived there. We saw that care plans were regularly reviewed to make sure that they accurately reflected people's changing needs, wishes and activity interests. We saw a lot of practical examples of staff supporting people carefully and in line with their care plan so they were gently encouraged to do things for themselves whenever possible. For example, we saw the deputy manager had bought a range of ingredients for one person to undertake some baking they liked to do. The person indicated they were looking forward to making some cakes and later in the day the person showed us they were happy they had been supported to complete this activity.

Staff were confident in the way they gave support to people who had developed their own ways of communicating their preferences and wishes. We saw staff understood people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. Through this understanding staff were better able to support people to pursue their interests and hobbies. Staff told us, records showed and our observations confirmed that each person was being supported to enjoy a wide range of activities that they had chosen. A relative told us, "[My relative] is encouraged to develop their life skills and independence. For example; coping with people, cooking, housework, shopping, eating out, leisure pursuits such as bowling or swimming and occasional outings to our home or to the beach."

The registered manager told us and information in the home's statement of purpose confirmed that people who wished to practise their religion would be given any support they needed to do this. We saw the statement of purpose was up to date and set out the aims of the service, the types of services provided and the contact details for the provider and registered manager. The registered manager and relatives we spoke with confirmed that although people had chosen to celebrate the main annual Christian festivals, wherever needed any other religious events people wished to celebrate would also be supported and respected.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures to explain their right to make a complaint. The registered persons also had a procedure which helped to ensure that any more formal complaints they might receive could be resolved quickly and fairly. Records showed that the registered persons had received one formal complaint in the 12 months preceding our inspection. The complaint had been responded to fully by the registered manager and the person who had raised it had informed them they were satisfied with the outcome.

## Is the service well-led?

### Our findings

The provider had an established registered manager and a deputy manager in post. The registered manager also managed another home owned by the provider which was located next door to Tigh Allene and joined to the home by a single path. The registered manager told us how they supported people to develop relationships with people and staff across the two homes and that this was beneficial to people in developing their confidence and social skills. A relative told us, "[My relative] is a part of a small compatible young adult peer group which gives them opportunities for socialisation and has enabled [my relative] to form and develop friendships with others in the house. They also know residents from An Caladh House next door."

We saw the registered manager and deputy manager worked together as a team and that they were readily available to speak with people, their relatives and staff. When it was needed the registered manager gave direction and guidance to staff regarding care and demonstrated their knowledge and understanding of people's needs. The registered manager also had a good knowledge of staff competencies. This helped them to oversee the service effectively and provide leadership for staff. We observed the management arrangements were backed up with a range of easy to access information about the home and the services available to people. This included a copy of the service user guide. Relatives we spoke with told us they understood how services were provided and that the provider and registered manager always ensured they were as involved as they wished to be.

Records showed that the registered manager, deputy manager and provider had regularly completed quality checks that were intended to ensure that people reliably received all of the care and facilities they needed. These checks included making sure that people were being given all of the practical assistance they wanted, medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

Staff told us communication was good across the shifts they worked and that they were well supported by the management team at the home. Staff said this helped them to be clear about any changes in need for people and that any newly identified risks or support needs were communicated in a clear way. In addition to the structured supervision provided for staff the registered manager also received regular supervision from their assistant director and they told us that this helped them to reflect on and keep developing their roles together. In addition the registered manager confirmed regular meetings were held between the registered managers of all the homes owned by the provider. Records showed the meetings were used to discuss any issues they had needed to respond to so they could share their learning.

The deputy manager told us staff undertook handover meetings at the beginning and end of each shift and that these meetings helped identify any changes in people's needs and any additional resources they might require during the shift that staff were starting. The deputy manager told us that the meetings helped to immediately address any additional needs for people and helped provide consistency for staff. Records also showed that staff meetings were held regularly and covered topics such as people's needs, staff rotas and deployment, specific roles and tasks, and training and development. These measures all helped to ensure

that staff were well led and had the knowledge and systems they needed in order to care for people.

Staff told us they knew about and fully understood the provider's whistle blowing procedure. Staff said they knew what to do if they had concerns about any issue related to their roles and would be confident that the registered manager and provider would respond quickly to anything they raised with them. They also said they would not hesitate to use the procedure if they had concerns about the running of the home or the home owners that could not be addressed internally.

The registered manager and provider had regularly completed a range of additional quality audit checks which were intended to ensure that people consistently received all of the care and facilities they needed. The registered manager showed us a monthly quality assurance audit tool they completed and shared with the provider. We saw the tool had been designed in a positive way for use by all the managers of the homes owned by the home owner and that it had been mapped to the five questions we ask when we undertake our inspections. The registered manager said this was helpful in ensuring they and the staff team were doing the right things in the right way.

As part of the audit process the registered manager maintained and regularly reviewed their accident and incident records so that they and staff could ensure the risks of them happening again were minimised. The manager also showed us they understood and had systems in place to report any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.

These audit checks also included making sure that people were being given all of the practical assistance they wanted, that medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

People who lived in the service and their relatives said and showed us that they were consistently asked for their views about their home as part of the everyday process of living at Tigh Allene. We saw examples of this throughout our inspection.

Relatives and external professionals were also formally asked for their views about the quality of the care provided at the home through the use of survey questionnaires. The last survey was completed with relatives in December 2015 and external professionals in May 2016. We saw the overall feedback received had been positive. Comments from one relative included, "Very happy [my relative] has been with the provider for a long time and I am confident that it is the best place for them. They have forged many lifelong friendships since they have been there." Feedback had also been received from a visiting optician who said one staff member had been, "Brilliant, and the rest of the staff team were too."