

Kisimul Group Limited

Breagha House

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Breagha House is a residential care home, providing personal care for 10 people aged 18 and over at the time of the inspection. The service can support up to 10 younger adults who have a learning disability or autistic spectrum disorder. Accommodation was provided in a purpose built home across two floors, with communal areas on each floor.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras outside to indicate it was a care home, although industrial bins were visible from the road. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Although there was a clear management structure and communication strategies in place at the service, the quality monitoring processes in place did not always highlight when documentation around incidents and restraint had not been completed thoroughly. This presented a risk that people would not be cared for in a consistent way.

People were protected from abuse, as staff were aware of their role in safeguarding people and the provider worked closely with the local authority teams to manage any safeguarding issues. At the time of our inspection there was one safeguarding investigation open, and the local authority told us the service had worked with them in an open and transparent way.

The risks to people's safety were assessed and managed safely using evidence-based assessment tools, however there were some recording issues in people's records which the registered manager told us they would address. Following our inspection, we received information from them to show this had been addressed.

People were supported by a group of staff who had been provided with effective training for their role. The numbers of staff reflected and met the needs of people at the service. There were safe recruitment processes in place.

People lived in an environment which was clean, well maintained and provided them with space and privacy. There were effective infection control processes in place to protect people from the risks of infection.

People's nutritional and health needs were well managed. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received person centred care from a group of staff who knew their needs very well. There was a caring attitude towards people from the staff who supported them. We saw a number of positive interactions between staff and people at the service. One relative told us staff had been "Amazing and very supportive" to both them and their family member. Staff worked to maintain people's privacy, dignity and encourage their independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 September 2017)

Why we inspected

The inspection was prompted in part due to concerns received about physical intervention and staff practice in the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken immediate steps in response to the concerns and was co-operating with the relevant authorities in the investigation to keep people safe from the risk of these concerns. Please see the Safe section of this full report.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Breagha House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an inspection manager and a learning disability Specialist advisor.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This information helps support our inspections and we used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the regional manager, quality compliance manager, registered manager, deputy manager, senior care workers, care workers and the housekeeper. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the Local Authority, who had recently been involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to ensure people were protected from the risk of abuse. The registered manager worked with the local safeguarding teams in a collaborative way to ensure any concerns were responded to so people were safe.
- We asked one person we spoke with if they felt safe with staff and they told us, "I do, I do." Relatives told us they had confidence in the staff and management team to keep their family member safe, and should any issues arise the team were honest and open with them. One relative said, "I am very observant, from past experience in other services I find it hard to trust. But I do trust them (staff) to do the best for [Name]."
- Staff told us they had received training and support to ensure they understood their roles in keeping people safe. They were aware of the agencies they could contact if they had concerns. The registered manager told us they regularly discussed safeguarding processes with staff at meetings and staff supervisions, so staff understood their responsibilities to the people they supported.

Assessing risk, safety monitoring and management

- The risks to the majority of people's safety were assessed and measures in place to give staff guidance on mitigating these risks.
- One relative told us their family member had a history of absconding from other services in the past, but staff had the guidance and strategies in place to safely manage this risk. They said, "Staff just know how to manage [Name]."
- However, we did find a lack of reactive strategies relating to specific behaviours in one person's care plan. Our discussions with staff showed they were aware of how to manage the person's behaviours safely, but the lack of written guidance meant there was a risk staff's responses would not be consistent. This was raised with the registered manager who told us they would address the issue. Following the inspection they sent evidence to show the guidance was in place.
- Further risk assessments we viewed showed there was clear consistent guidance for staff to manage people's risks such as their risk of seizures and risk of scalding. The risk assessments were reviewed three monthly and actions were in place to reduce these risks. For example, ensuring a person carried their emergency medicines with them when they went into the community. We observed this person being supported to go out into the community and staff confirmed they had their emergency medicines with them.
- Records showed that risk assessments and checks were completed in relation to the premises and equipment in the service such as water temperatures and vehicle checks. Regular checks were undertaken in relation to equipment needed to keep people safe in the event of a fire. An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People at the service were supported by sufficient numbers of staff to allow them to undertake their daily activities in a safe and supported way.
- Staff told us staffing levels were good and everyone pulled together to ensure any shifts that needed cover because of sickness or annual leave were covered. Where needed support could also be obtained from a sister service and senior staff worked in a collaborative way sharing information so visiting staff had a good knowledge of people's needs and supported them in a consistent way.
- Safe recruitment procedures were in place. This included the provider obtaining at least two satisfactory references and Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

Using medicines safely

- People's medicines were administered, stored and managed safely. Each person had a medicine administration record (MAR) which had their photograph, any allergies, and how they liked their medicines administered, recorded. There were daily checks on each shift to ensure people received the medicines they were prescribed.
- People who received medicines on an as required basis had clear protocols in place to guide staff to ensure these medicines were given when needed. Staff showed an understanding of the importance of time specific medicines for some people and were able to discuss how this was planned into their routines. People had regular reviews of their medicines by their NHS clinical psychiatrist to ensure the medicines remained appropriate for their needs.
- Staff who administered medicines had appropriate training for their roles. There were regular auditing systems in place to ensure staff followed safe practice and highlight any errors or possible poor practice.

Preventing and controlling infection

- People were protected from the risks of infection, as staff understood their roles in reducing the risks to people and followed safe infection prevention practices. There were hand washing posters around the service in easy read formats. Staff told us they worked to encourage people to wash their hands and instil good hygiene practices when washing, or handling food.
- The service also employed a housekeeper to maintain the cleanliness of the service. They managed cleaning schedules for the service and ensured there were regular checks of equipment such as mattresses.

Learning lessons when things go wrong

- There were very clear processes in place to ensure learning from incidents and events at the service.
- This was achieved in a number of ways. Staff told us there was a briefing at the beginning and end of each shift so staff were aware of any issues and could feedback on events during the shift. Staff completed incident forms following events and would discuss any triggers and look at what could have been done differently. Staff were also given the opportunity to discuss issues at their supervision and any significant events would be reviewed at staff meetings.

Is the service effective?

Our findings

This means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were holistically assessed. Staff worked with the person, their families and external health professionals to ensure the assessments undertaken remain relevant for people's care needs and staff could be guided as to the most effective way to support people. We observed staff followed the guidance set out in people's care plans.
- Evidence based guidance was used by the provider to plan and deliver effective care to people. The provider had actively worked to reduce the need for physical intervention to manage people's behaviours. They were using a new, internally developed model of care called Meas, with more focus on Positive Behaviour Support (PBS) and improving Quality of Life. The service was working towards the British Institute of Learning Difficulties (BILD) accreditation for this approach, this is an industry recognised standard.

Staff support: induction, training, skills and experience

- The people living at the service presented with complex learning and physical needs, and staff training was tailored to provide staff with the essential tools required to support people in their care. Relatives told us they felt staff had the required training to manage their family member's needs well. One relative said, "Yes very good skills and staff deal with people well."
- Staff were in the process of undergoing training in the provider's new model of care mentioned above. They told us the training had been beneficial in providing them with the skills to support people in a positive way. One senior member of staff said, "We have worked hard to introduce more balance and other messages to our training, restraint is now only one part of an eight-part programme. We start with safeguarding and equality and diversity, and we end with quality of life, so (staff) leave with that."
- Staff were also trained to manage the different health conditions people may present with. For example, supporting people if they had seizures, staff were able to discuss the measures needed to support people, such as ensuring people always had rescue medicines with them when they went out. We saw staff putting their knowledge into practice on the day of our visit when we saw one member of staff checking this prior to going out on a trip.
- Staff were supported with an induction plan when they first started at the service. A new member of staff told us they felt supported during their induction and during the first few weeks of their employment. They received regular supervisions and were encouraged to talk about how they were managing the challenges of the role and settling into their job.

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

- People's nutritional needs were managed effectively and safely, and people received a well-balanced diet that met their needs.

- Staff showed good knowledge of people's dietary needs and preferences. One staff member told us how they had supported one person to eat a healthier diet. The person was supported at mealtimes by staff they liked. The staff member would choose healthy options to eat and the person liked to emulate this, the staff member said this strategy had been very successful and enjoyable for the person.
- On the day we visited the weather was extremely hot and the staff made adjustments to respond to this and ensure people were kept hydrated. Extra bottles of water were put in the fridge and people supported to drink more. People were also offered ice lollies which they enjoyed.

Adapting service, design, decoration to meet people's needs

- The environment people lived in was suitable for their individual needs. The service had clear easy read signage to support people and there were different areas for people to spend time. There was a well-used outside area and on the day of our inspection we saw people enjoying the different facilities outside.
- Adaptions had been made to the service as a result of recognising that 10 staff arriving for duty at each shift change over had a negative affect on people who communicated through their behaviour. A new pathway and steps had been built so that staff could enter through the staff office and enter the main body of the service in stages rather than all at once. This was a creative solution and the registered manager told us this had a positive impact on people who used the service.

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

- People's health needs were managed and supported in a holistic way. The staff worked with the local multidisciplinary team who provided support for people. This consisted of a range of health professionals to manage mental, physical and emotional health needs.
- Relatives told us people were supported to attend regular appointments, such as the dentist and the GP if people were unwell. One relative gave an example of an underlying health need their family member had, being managed well by staff following guidance from the GP. Records also showed that people were supported to have access to external professionals such as the Speech and Language Team (SALT) and epilepsy specialists.
- People at the service were supported with the management of their medicines and the service worked with the relevant health professionals on the nationally recognised initiative to stop the over medication of people with learning difficulties (STOMP). A visiting health professional who had been working with the team to manage one person's medicines changes, told us the staff were very positive and proactive in the support they provided for the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- When people could not make a decision, staff completed a mental capacity assessment and best interest decision and these were kept under review. This ensured the principles of the MCA were followed.
- DoLS applications had been made when required and the details of DoLs granted were recorded in people's care plans, along with any conditions attached to the authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a group of staff who were very caring and who considered people's needs and choices. Relatives told us they were happy with the way staff cared for their family members. One relative said, "We couldn't be happier, we can sleep at night as we know [Name] is well cared for."
- Staff had the knowledge and skill to communicate in ways that ensured people were treated equally whatever their communication needs were. They were supported by detailed information in people's care plans. The interactions between staff and people who used the service were warm and the atmosphere in the service was calm and happy.
- People approached staff confidently and enjoyed their interactions. One person was supported by staff to go in the paddling pool, they were clearly having fun with the staff. Some people were spending time in the garden and we saw staff sitting with them, people were smiling and looked happy.
- People's religious preferences were documented in their care plans. However, no one at the service had chosen to actively follow a particular faith at the time of our inspection.

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

- Staff worked consistently with people and their relatives to support them express their views. Relatives told us they had been involved in creating and reviewing their family members care plans.
- Several people at the service were non-verbal or had very limited verbal communication. Staff used a variety of methods to help them understand people's needs. One member of staff told us that what worked for one person didn't work for another. For example, some people responded to key words, others used visual aids and other people used sign language. Staff were knowledgeable about individuals communication needs.
- People's choices and preferences were detailed in their care plan and we observed staff followed this in practice. For example, one person's relative told us their relation liked to have a bottle of water with them. They told us the practice calmed the person. The information was in their care plan and during our visit we saw the person had a bottle of water with them throughout the day, and when it was empty staff replaced it.
- People were supported to have access to advocacy services. There was information displayed in the service and care records showed staff explored with people whether an advocate was needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and staff treated people with respect and encouraged them to be as independent as possible.
- Care records showed that people were encouraged to get involved in shopping and making their own

meals. People had been supported to create a new garden area where they had planted and nurtured fruit and vegetables and the produce was being used to improve their cooking and baking skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care from a staff group who had excellent knowledge of their individual needs. Staff worked continuously to support people achieve their full potential.
- People at the service had complex learning difficulties, and the information in their care plans reflected how to support these needs. One relative told us, "It seems to come naturally to staff to care for [Name] properly." They went on to say their relative could be challenging, however staff knew the triggers and signs. They said, "So they pre-empt this and discreetly move things away."
- People were supported to achieve their goals and aspirations. For example, one person wanted to go on holiday with their family and staff were supporting them to achieve this by having short trips away from the service. This resulted in the person having a holiday booked with their family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had information in ways they could understand. The ways the information was provided supported people to make their own choices and allowed them to be as independent as they could be on a day to day basis.
- Throughout the service there was easy read signage and different symbols that people used to communicate their needs. For example, if people who were non-verbal wanted to communicate with staff there were picture boards items or activities on them.
- People's ways of communicating were known by staff. One person was being taken out into the community and staff recognised from another person's body language and facial expressions that they wanted to go too. They supported the person to get in the vehicle and go out too.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported in an individualised way to undertake activities of their choice to live as full a life as possible and maintain meaningful relationships with their families.
- Relatives told us they enjoyed visiting their family members, they were able to spend time with them and felt welcomed by the staff. One relative told us, "When we go there (Breagha house), people are all up and doing things. They are not left doing nothing." Another relative told us their family member was always doing something or going on trips.
- On the day of our visit people went out to the seaside. Those who chose not to go were given other

options and some went out for a walk in the countryside.

- The service had a 'Weekly positivity board' on display and this was updated by each person weekly. The board showed activities people had enjoyed the previous week and there were comments such as, "I went bowling and particularly liked the slot machines", "I went to watch Aladdin at the cinema. I enjoyed singing along to the songs" and "I went to Lincoln with staff shopping. I chose and bought my own clothes."

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place for people or their relatives to use, and the registered manager was aware of her responsibilities to manage complaints to ensure good outcomes.
- The majority of relatives we spoke with told us they had no complaints, one relative did raise some issues with us, but told us they had not yet raised their concerns with the registered manager. Following our inspection, the registered manager told us they were meeting with the relative to address any concerns they had and felt confident they would be able to address any issues of concern. This statement was supported by another relative who told us any issues they had raised with the manager had been addressed quickly and to their satisfaction.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. People's preferences for how they wished to be supported in the event of death had been explored and recorded in their care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- Although there was a clear management structure at the service and communication strategies in place to ensure staff were kept up to date with key issues on a day to day basis, there was a risk people would not be cared for in a consistent way. The quality monitoring processes in place did not always highlight when documentation around incidents and restraint had not been completed thoroughly.
- Some incident records we viewed were not always complete or legible, for example the duration of the physical intervention was not recorded on a number of occasions on some records. One record showed staff had used a form of physical intervention which was not an approved intervention. We discussed this with registered manager who said they would address it. The systems in place to audit records and monitor the quality of the service had not highlighted these issues. This lack of detail could affect clear analysis of incidents and whether staff had followed appropriate practice when using restraint.
- Although we felt the quality of information on incident records required improvement to provide a better analysis and oversight of physical restraint, the deputy manager had over previous months begun to look at trends of incidents for the people at the service. From this they had been able to identify triggers and work with staff to reduce incidents. Staff told us they had found this useful.
- The provider's quality and compliance manager undertook regular announced and unannounced visits. These visits included looking at the environment, nutrition, people's access to the local community, whether people were being supported with independence and offered activities which met their preferences. Direct observation of work practice were also undertaken during these visits, observing interactions between staff and people who used the service. Recommendations for improvement, if any, were made following the visit to the registered manager.
- There was a staff handover process in place where staff shared information with the next shift of staff. The registered manager audited these as a part of monitoring what was happening in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout our inspection we saw staff and managers promoted a positive person centred approach to the care they provided for people. There were clear processes in place which the registered manager and their team used to act on the duty of candour.
- Relatives told us there was clear leadership, and staff and managers were open and honest with them when discussing the care needs of their family members.

- Relatives also told us they knew who was in charge on a day to day basis and felt the team were responsive when they discussed issues with them. One relative said, "They always ring me if there is something I need to know about [name's] care and I can ring them anytime."
- The registered manager and deputy manager knew the people in their care well. They were able to discuss the individualised strategies used for each person, giving clear rationales as to why their care was delivered in a particular way.
- The registered manager had worked with the local authority teams to address any safeguarding issues, they had reported incidents in line with their legal responsibility to ourselves at CQC

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and managers at the service worked to involve people and their relatives in their care. They worked with external health professionals to improve outcomes for people.
- Relatives told us their views on how the service was run was considered when they spoke with staff at reviews or during visits to their family members. Some relatives were able to give us examples of how their views had been listened to, acted upon and resulted in positive action with good outcomes for their family member. For example, changing rooms for two people which had better suited their needs.
- Staff told us there were regular meetings and they were supported with supervisions. They told us their views on different aspects of people's care were listened to.
- There was clear evidence of the ways the staff team worked with external health professionals to ensure good outcomes for people. As mentioned earlier, the STOMP project required collaboration and commitment from staff to work with, and follow guidance from different health professionals to ensure good outcomes for people. A relative described how staff's work with their family member and the external health professionals had resulted in a positive outcome for the person.