

Kisimul Group Limited Tigh Coilean

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Tigh Coilean is registered to accommodate up to eight people in one adapted building. People living at the service had a learning disability and / or autism. At the time of our inspection, six people were living at the service. Accommodation is provided over two floors.

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

Guidance for staff of how to manage and mitigate known risks were not consistent or sufficiently detailed. Incident analysis procedures were not sufficiently robust to identify possible triggers and patterns to behaviors.

The procedure for completing best interest decisions were not sufficiently detailed. Staff had not fully received training in relation to people's health needs, but action was being taken to address this.

There was not a registered manager in place or a manager due to submit their registered manager application. Systems and processes to assess, monitor and mitigate risks needed some improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in their care and treatment as fully as possible and care and support maximised their choice, control, and independence. People received consistent person centred care from staff that knew them well and understood what was important to them. Staff were respectful and treated people with dignity. People were empowered to live active and fulfilling lives, opportunities to engage in stimulating and meaningful activities, interest and hobbies including social inclusion were provided.

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

There were sufficient staff to meet people's needs and safe staff recruitment checks were completed before staff commenced their role. Staff received opportunities to discuss their work, training and development needs.

People received their prescribed medicines when required. Some people had experienced positive outcomes in the reduction of their medicines.

Overall infection prevention and control best practice guidance was followed. The environment and layout of the service met people's individual needs.

People received sufficient to eat and drink and healthy eating was encouraged. People were supported to access health services.

Staff were kind, caring and promoted people's independence. Effective communication methods were used to support people's different communication needs and preferences. People were supported with their interest and hobbies and encouraged to participate in a wide range of activities and social inclusion opportunities.

The provider had systems and processes to assess, review and monitor quality and safety. An action plan was in place to develop the service. Relatives were positive their family member received person centred care.

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 20 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about another service ran by the provider and the concerns raised by the Local Authority, which included poor governance and oversight and inappropriate use of restraint. A decision was made for us to inspect and examine those risks. As a result, we undertook a comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.
Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tigh Coilean on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tigh Coilean

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Tigh Coilean is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the 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. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We observed staff engagement with people where possible and spoke with one person who used the service. We spoke with the deputy manager and area manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including audits and checks. We also reviewed the internal and external environment.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with seven people. Staff were contacted and invited to provide feedback about working at the service. We received eight responses from staff.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures and meeting records.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Guidance for staff was inconsistent in detailing how to support people during times of heightened anxiety resulting in self-injury and challenging behaviour. The possible trigger for behaviours were not consistently recorded in support plans and risk assessments. The management team agreed there were some gaps and agreed to amend guidance for staff.
- Procedures required of staff when behaviours occurred were not consistently followed. Some people had self-injury behaviour such as banging their head. Following a behavioural incident staff were required to complete a body map. Incident records reviewed confirmed this was not consistently recorded. Neither was there a risk assessment that provided staff with guidance of action required. For example, information was not provided about additional monitoring, signs, and symptoms of a head injury, providing first aid or when to seek medical advice. The management team agreed action was required to make improvements.
- Risks associated with the environment and premises had been assessed to protect people's safety. This included fire risks and health and safety. We noted there was a COVID-19 general risk assessment. However, people did not have individual COVID-19 risk assessments. Some people had underlying health conditions meaning a risk assessment was required. We discussed this with the management team who agreed to take action.
- Relatives were overall positive that risks were managed safely. A relative said, "Generally the strategies work well." A person using the service told us they felt safe living at the service and staff supported them well.
- Staff had received accredited training in how to manage behaviours that could be challenging. A staff member said, "Intervention and techniques, low arousal approaches are used initially, and physical intervention is only used if other approaches have not worked and all of the least restrictive techniques have been used. We ensure that all the information is documented fully."
- Incident analysis procedures were not sufficiently robust to identify possible triggers and patterns to behaviours. Whilst incidents were recorded, reviewed, and monitored there was a lack of robust action to understand the function to a person's behaviour. This had already been identified by the provider and action was being taken to make improvements.

Systems and processes to safeguard people from the risk of abuse

- A person who used the service told us they were happy and settled living at Tigh Coilean. They said, "Some people have behaviours, I keep out the way, staff are always around." Relatives were overall positive about their family member being protected from abuse. A relative said, "No concerns, everything suggests [name] is quite happy, when they are out with us, they can't wait to go back."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding

training and had access to the provider's policies and procedures. This included having access to the provider's whistleblowing procedure that could be used confidentially, to raise any concerns about poor practice.

- Safeguarding incidents or concerns had been reported to external organisations in line with the multiagency safeguarding procedures.

Staffing and recruitment

- A person who used the service spoke positively about the staff. They said, "Staff are very nice and helpful, they listen to me." Relatives told us they were confident staff were sufficiently trained and knowledgeable. A relative said, "Last time we met, one carer knew [name] inside out, the second less so but did know their medical history."
- Staffing levels were sufficient and met people's individual assessed needs. Staff deployment enabled staff to have the time required to provide person centred care. Whilst agency or bank staff were used to cover shortfalls, regular staff were used for consistency and continuity of care. This was confirmed by the staff rota and by an agency worker on duty.
- Safe staff recruitment checks were completed before staff commenced their role. Staff had received a face to face interview, relevant pre employment checks including a criminal record check, induction, and shadowing opportunities.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- Relatives were confident about the management of medicines. A relative said, "Yes, [name] are doing well, they are on a reduction course, they have come off one of their medicines completely and now reducing the second medicine." This feedback confirms how the service had adopted STOMP principles; this is a health campaign to stop the overuse of medication to manage behaviours. This had resulted in positive outcomes for people.
- Staff had received training, including having their competency assessed and had access to the provider's medication policy and procedure.

Preventing and controlling infection

- The local authority had recently completed an infection prevention and control audit. Actions were required to make improvements. Overall, we found action had been completed as required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – 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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider's MCA policy and procedure were not fully reflected or consistently followed in the mental capacity assessments and best interest decisions. Whilst examples made some reference to the consultation and involvement of others such as a relative or external professional, there was a lack of detail. It is important the decision-making process is detailed for transparency and protection for the person.
- Feedback from relatives were mixed in relation to their involvement and consultation in the MCA assessment and best interest decision process. A relative said, "I have been involved in the past and with the medication reduction but nothing recently." Another relative said, "No not involved in anything." A relative told us about a DoLS authorisation for their family member and the person's care records confirmed this.
- DoLS support plans were not available for staff. This is important guidance for staff on the authorisation start and expiry date and details of any conditions. The management team told us a support plan was expected to be in place, this was an oversight and action would be taken.

Supporting people to live healthier lives, access healthcare services and support

- Guidance for staff about people's health care needs were not consistently recorded. For example, a person's support plans were updated the day before our inspection. Guidance included the person wore two hearing aids. The deputy manager confirmed this information was incorrect and no hearing aids were used. They agreed to update the support plan.
- People were supported to access primary health services such as the dentist and optician. Also, specialist services such as speech and language therapists, occupational therapists and psychiatry services. Recommendations made by external health professionals were implemented.

- A person told us how staff supported them with their health needs including accessing health services. Relatives were positive staff supported people effectively with their health care. A relative said, "Staff are good at organising medical needs. [Name] gets to see the optician and dentist and they keep me informed about the appointments and outcomes."

Staff support: induction, training, skills and experience

- Staff had not received training to support their understanding and awareness of two particular health conditions that people had a diagnosis of. This had recently been raised as a concern by the local authority. At the time of the inspection, this training had still not been provided. The management team told us how they had tried to source this training but without success. Following our inspection, the management team confirmed training had been booked for September 2021.
- Staff received regular opportunities to discuss their training and development. Staff were positive about the training and support they received. A staff member said, "I receive a bi-monthly supervision, we check that I am up to date with any training requirements or development needed and how to achieve this."
- Relatives were confident staff were sufficiently trained and competent. A relative said, "I have found that originally I was taking the lead and showing them [staff] now they are leading me."

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

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This included the underpinning principles and key policy developments of choice, control, independence and inclusion we expect learning disability services to follow. Support plans were based on people's individual needs, and promoted choice making, independence and social inclusion.
- Recognised assessment tools were used in the ongoing care of people's individual care needs such as oral care.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.

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

- People's dietary needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Food stocks were good and stored correctly. The service had a good food hygiene rating.
- People were involved in menu planning and healthy eating was encouraged. People had access to the kitchen and independence was promoted. We observed a person made themselves a snack and drink.
- Relatives were confident their family member received enough to eat and drink. One relative said, "Healthy eating is encouraged." Another relative said, "Food is brilliant they have a wide range. [Name] is weighed regularly."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to meet people's care and support needs. Staff made referrals to others for assessment and guidance.
- Relatives were complementary about the approach of staff of working with external professionals.
- People's care records confirmed referrals to other agencies were made in a timely manner. Information was shared with external professionals to assist in the ongoing care of people.

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

- The layout and design of the service met people's individual needs. People had a choice of communal

areas to use and a spacious garden. Decoration and furnishings were of a good standard and robust to support people's needs.

- People had access to the garden independently. Bedrooms were spacious with an ensuite, and all decorated and furnished to meet the person's individual needs and preferences.
- Relatives were positive about the environment, design and layout of the service. A relative said, "The house has a huge kitchen, enclosed garden and a conservatory, a great house."

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 received personalised care and support that was respectful and met their individual and diverse needs.
- A person who used the service told us they felt valued and respected. They said, "The staff are all good and treat me and everyone else with dignity and respect." Relatives were equally positive about the caring approach of staff. A relative said, "Yes, all the staff are brilliant, in my opinion that is the case or I would raise it with the manager, obviously we want [name] there because they treat them as I would at home."
- Staff knew and understood people's individual care and support needs and routines. Staff gave good examples of how care was person centred and how staff had a positive approach. A staff member said, "No two days are the same, if its turning the kitchen into a pub including decoration making and sipping non-alcohol cocktails, to going for a paddle in the sea the work is rewarding and fulfilling."

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

- People were supported to be involved in their care as fully as possible. This included making day to day decisions about how they spent their time, what meals and drinks they had and activities they participated in.
- A person who used the service told us how they were involved in decisions about their care and support. They told us they felt listened to and staff supported them to live their life as they wished.
- Staff gave good examples of how they support people in decision making. A staff member said, "During training communication of both verbal and non-verbal types is looked at. When in work we use the type and level of communication the individual prefers and can understand best such as typing, signs, pointing or speech."

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence, was dignified and respected people's privacy. Our observations of staff engagement with people confirmed this. Whilst people required a high level of supervision for their safety, this was provided sensitively and respected people's personal space.
- A person who used the service told us how they and others were encouraged with their independence. They said, "We're encouraged to support with preparing meals, and jobs around the house. I sometimes do my own laundry and can Hoover and mop the floor by myself."
- Relatives were positive about how independence was promoted. A relative said, "Staff help [name] to a snack or drinks as or when appropriate. We did not think they would get there, nice to see the skill."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

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 a pre-assessment and transition plan based on their individual needs before they transferred to the service. The management team told us people's compatibility was considered at the pre-assessment stage.
- Support plans provided staff with guidance of people's care and support needs and were based on people's preferences, routines and what was important to them. Relatives were positive about how well staff knew and understood their family member. A relative said, "Staff have different routines dependant on [name] mood which could be calm or anxious."
- Staff gave good examples of how they provided personalised care. A staff member said, "We offer as much support as needed, catering to the individual whom we are supporting, we offer and plan experiences and opportunities that everyone in the public has access to."

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.

- People were supported effectively with their individual communication needs. Whilst some people used gestures and body language to express themselves, other's used different communication methods to communicate with staff. We observed how staff communicated with people. Staff had a person-centred approach using different methods to suit people's individual needs and preferences.
- Relatives were positive how staff supported their family member with their communication needs. A relative said, "Staff are looking at some brilliant aids using a laptop in order to build on communication."
- Information was presented in a supportive way to support people's communication needs. Information such as menus and the complaint procedure were provided in easy read. Support plans provided staff with detailed guidance on the person's individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received opportunities of social inclusion and support to participate in a variety of leisure and recreational activities they enjoyed. People's interests and hobbies were known and understood, and staff supported people with these. Staff also supported people to try new activities and experiences.
- A person who used the service told us how the staff supported them with activities important to them. They said, "I love to go shopping and having my nails done. I have a smart tv which I love. I've started to do

some voluntary work with new staff. A staff member takes me to head office where I get involved in the staff induction."

- Relatives were positive their family member was supported in community activities and opportunities. A relative said, "The staff are very resourceful in finding suitable activities for all of the residents there is always something going on." Another relative said, "Definitely, during lockdown they have been on long walks, now they are geared up to taking [name] sailing, plenty of activities definitely not sat around."

Improving care quality in response to complaints or concerns

- The provider had an effective complaint procedure. Where a complaint or concern had been received, this was logged, and action was taken in line with the complaint policy and procedure.
- Relatives overall were aware of the provider's complaint procedure and were confident any concerns or complaints would be dealt with. A relative said, "I just ring if there is a problem, staff sort it out."

End of life care and support

- The provider had end of life care documents to record people's end of life care needs and preferences. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life. At the time of the inspection, no person was receiving end of life care.

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 management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- A manager was required to be registered with the Care Quality Commission; a manager was not in place. The last manager de-registered in April 2021. An interim deputy manager position had been implemented. The deputy had worked at the service a significant time and knew people well and was respected and valued by the staff team.
- The provider had systems and processes that monitored quality and safety. This included regular internal checks and additional audits and monitoring by senior managers. However, as reported in the safe question, shortfalls were identified in how people's needs were consistently met. This meant the provider's systems and processes were not consistently effective.
- Whilst the provider had identified some improvements were required with systems, processes and tools used to audit the service. These had not been fully implemented.
- At the time of the inspection, an improvement plan was in place to develop the service. The deputy manager was well supported by an area manager who had regular contact with the service. The deputy manager told us they felt well supported.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. Information was displayed as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were empowered to achieve positive outcomes. A person who used the service told us how they were supported to achieve personal goals. An example of this was developing a voluntary role in inducting new staff. People were supported to be active citizens of their community, they received opportunities to participate in a wide range of interesting and challenging activities.
- Relatives were positive their family member received care and support that was individualised. A relative said, "Everything [name] needs is there for them, if they did not have that support it would pull the rug from under them, their quality of life has improved tenfold, when they have been with us they are always happy to go back which is lovely to see very reassuring."
- Staff were positive about their role and demonstrated a clear understanding of the provider's vision and values. A staff member said, "Kisimul's ethos is to promote independence and strive for excellence while respecting the individual's needs with qualified and experienced staff. To provide a relaxed and homely

atmosphere, caring for and supporting each other with family style group living."

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

- The provider had systems, processes, policies, and procedures to support them in their responsibility in being open and honest if things went wrong.
- Relatives told us they were informed of changes within the service and of any concerns. A relative said, "They [staff] will let you know, nothing is too much trouble."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as fully as possible in decisions about the service. Creative and individual communication methods were used to support people to be actively involved.
- Relatives were invited to participate in providing feedback about the service. Information received was reviewed, analysed and used to further develop the service. An example of this was improvements to activities within the garden.
- Staff were involved in the development of the service. Staff told us they felt valued and listened to, they confirmed they could contribute to the development of the service. A staff member said, "If I feel there is some input I can give to promote positive outcomes within my daily work, my line manager will always welcome feedback and act upon it."

Working in partnership with others

- Staff worked with external agencies and with internal specialist workers to support people to achieve positive outcomes. People's care records confirmed recommendations made were implemented.