

Kisimul Group Limited

Suillean 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?	Good ●

Summary of findings

Overall summary

Suillean House 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 is registered to provide accommodation and care for nine people who have a learning disability. At the time of the inspection there were nine people living in the service. Some of the people living in the service had special communication needs and used a combination of words, signs and gestures to express themselves.

This inspection took place on the 23 May 2018, was announced and completed by one inspector.

We had previously inspected this home and it was rated 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our previous inspection the rating related to Caring was 'Outstanding.' However, this was in February 2016 and following changes in standards of care and regulation, this section is now rated as 'Good.' This does not indicate a change in the quality of care and support provided by the service, but purely reflects changes across the care sector.

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

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

Our observations at this inspection showed that staff were caring and supportive to people. Staff talked with people living at the service and shared jokes with them which were enjoyed.

People were safe living at Suillean House and staff knew how to provide support in a safe way. All areas of the home were clean, tidy and fresh. Effective systems and checks were in place to make certain the premises were safe. There were sufficient staff to meet people's needs. Medicines were safely managed and given to people as prescribed.

People's needs were assessed prior to them moving into the service to ensure that staff were able to fully meet their needs. The staff were skilled, knowledgeable and experienced and had the necessary training to support them in their roles.

People chose their meals and then decided where they wanted to eat that meal. Staff encouraged healthy choices for a balanced diet but people chose and ate the foods they enjoyed. People had regular access to healthcare professionals when needed, full records of such visits were recorded.

People were encouraged to make decisions about their care, daily routines and preferences. Staff worked within the principles of the Mental Capacity Act and there was documentation to support this.

Staff encouraged people to follow their interests and regular outings and visits were discussed with people living at the service. Family contact and visits were also supported and planned. The culture of the home was caring, person centred and inclusive.

There were effective systems in place to monitor the quality of the service. People living at the service and their relatives had the opportunity to comment on the quality of the support and care that was provided. Any required improvements were undertaken in response to such suggestions.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Suillean House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was announced and took place on 23 May 2018 and was carried out by one inspector. A short time prior to our visit we telephoned the service to let them know we were undertaking an inspection. This was because people living at the service were often out in the community and we wanted to be sure people would be available to speak to us.

We reviewed information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During this inspection we spoke with three people living at the service, three members of support staff and the registered manager.

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

We looked at three people's support records to see if they reflected the care that was being provided and three staff recruitment files. We looked at other information related to the daily running of the service including quality assurance audits, staff training and the management of any complaints or concerns.

Is the service safe?

Our findings

One person living at the service said, "Yes I feel safe." We saw that when asked on a recent questionnaire about the safety of the premises, family members had agreed it was a safe environment. These questionnaires are regularly issued by the registered manager.

Staff had been trained in safeguarding and how to protect people from abuse. They knew how to report any concerns they may have about a person's well-being. One staff member told us, "We all talk and are very open here. We all want to keep people safe."

Any risks to people were assessed and action taken to either reduce or eliminate the risk. These had been regularly reviewed to make certain these were still appropriate to the person's routines and needs, supporting the continued safety of people.

We saw that a notice board contained information for people living at the service. For example, there were pictures with written details of how to keep safe, there were visual prompts and encouragement for people to speak to someone to raise any issues of concern regarding their own safety or about any worries people may have.

Members of staff supported the safety of people. For example, they watched at a distance when people used the kitchen and one person was prompted to 'be careful with the knife, take care' by a member of staff.

A person using the service explained what they would do if they had any concerns. they named the manager and members of staff they would speak with. they said that they thought staff would help if they did not feel safe.

Support plans contained detailed information of how to keep an individual safe. Daily routines and assessments were set out step by step for staff to follow. This provided information for staff and ensured that people were safe at the service and in the local community.

We saw organised records that showed appropriate recruitment procedures were in place for all new members of staff. The legally required checks had been completed before any new staff had started work. This meant people could be assured that only appropriate staff provided their support.

Records showed that medicines were stored safely and appropriately. The medicines administration records were fully completed and up to date, providing evidence that people received their medicines at the prescribed time. We saw the medicines storage area and staff talked us through the routines used to safely administer, store and handle medicines. Up to date policies and procedures also ensured the safe handling of medicines.

Systems were in place to make certain the premises were safe for people at all times. These included regular fire tests and maintenance checks of equipment and water temperatures. Accidents and incidents were

monitored and action taken to address any concerns. Lessons were learnt and improvements made when necessary.

Staff were trained in infection control and food hygiene. We saw that the kitchen had coloured chopping boards for food preparation. The utility room also had different coloured buckets for use in the appropriate areas.

People were protected by the prevention and control of infection. The home was clean and personal protective equipment was available supported the well-being and health of people using the service.

Is the service effective?

Our findings

One relative had commented, "I could not wish for a better provision." Another relative stated, "Staff are very professional." A staff member told us, "The training is good and covers everything we need." We saw that staff supported people in a gentle manner when needed and kept a distance to allow people to enjoy their own space freely.

People's needs were assessed before they moved into the service. The registered manager told us that only when they were certain a person's needs could be met, and they would fit into the service with others living there, did a placement go ahead. We saw that assessments were thorough and included the religious and cultural needs of the individual concerned.

The registered manager explained that they would not take on any care packages for people unless they had the staff in place and could meet the full requirements of people. Relatives told us that they had been fully involved in planning the care and support for their loved one. The provider ensured that the staff had the right skills, experience to work with the individuals, and took into account people's cultural needs.

People received care and support from staff who had the skills, knowledge and experience to undertake their given roles within the service. Staff told us that the registered manager introduced new staff to people living at the service before they started to provide any support. They worked with a long term member of staff until they were assessed as being competent to work alone. They were still observed for some time during their role.

There was an induction programme in place for all new staff and their skills and knowledge were tested, plus observations as to how they interacted with everyone. One member of staff told us "The registered manager was clear about how I should start work and I got to know people living here before fully being allowed to provide support."

The staff spoke positively about their training and felt they had all the relevant training they needed to support people. One staff member said, "We can always ask if we need extra training or if we want to know about anything new or a certain condition." The induction programme included questions and discussions to show staff had fully understood the training. All staff were monitored to make certain their training was kept up to date, ensuring practices and knowledge were current.

Staff had regular supervision and appraisals. These provided an opportunity to discuss any matters of concern or any additional training they were interested in as well as personal development.

People living at the service were involved in deciding what meals they had each day. We saw from the sample of care records we looked at that support plans included information about people's food and drink preferences and if there were any needs with regard to nutrition and diet.

We observed a lunch time period when each person was supported to choose their own meal. Some got

their own food with assistance and others were involved in collecting utensils and condiments for their meal. Each person decided where they wanted to eat and were joined by others or remained in their own space.

There were pictures around the kitchen area to provide information that helped people with food choices, as well as providing nutritional information. Staff told us that they tried to encourage healthy choices or at least a minimum of sweet treats to support a healthy life. One person living at the service was gluten intolerant and this was fully supported.

People's medical needs were assessed when they moved into the service and records showed they had on-going healthcare support from a range of professionals. These included support from district nurses and mental health workers.

One person whose medical needs changed required an alternative room. The registered manager said that this was discussed with others living at the service. One person felt it would suit them, they decided on the colours for their new room and were more than happy to move. We saw that they had also included their own items around the room that was comfortable and spacious. This move then meant that the person with medical needs had the appropriate support and the other person could then enjoy their hobby of watching trains. This showed that people had autonomy and choice that was fully supported and recognised by staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

There were six DoLS in place at the time of this inspection. These were reviewed regularly to ensure these were relevant and appropriate.

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

People were encouraged to make decisions about their care and their daily routines. Staff asked individuals for their choice and gave time for the person to consider the question and to respond. Records showed that assessments were carried out to determine a person's ability to make specific decisions and the DoLS team involved where necessary.

Is the service caring?

Our findings

On recently returned questionnaires used to gather relatives thoughts on the care and support being provided were comments such as, "Staff are very kind and caring and professional." Another was, "We have always been extremely satisfied with all aspects of the care."

At our previous inspection the rating related to Caring was 'Outstanding.' However, this was in February 2016 and following changes in standards of care and regulation, this section is now rated as 'Good.' This does not indicate a change in the quality of care and support provided by the service, but purely reflects changes across the care sector.

Care plans showed that people living at the service were fully involved in any decisions about their lives and how they wanted to live their lives. There were full details of people's life history to support staff in getting to know what activities or routines people may enjoy. It also expressed what was important to people and who family members were. This information was then used to plan activities and daily routines that fully suited each person.

All contact from relatives or friends was recorded to provide a record of times and dates that people rang. This helped staff to reassure people living at the service about any arrangements and details that they may want to be reminded of. For example, one person was being gently reminded of arrangements with family as the person was a little unsure. This provided added reassurance and all staff to confirm such arrangements, preventing any anxiety.

We saw that staff quietly and appropriately spoke with people, making certain that privacy and dignity was supported at all times. For example, when one person was preparing sitting in the lounge area and a member of staff needed to talk about up coming activities, the staff member sat next to the individual and asked if it was alright to discuss something. The person was asked if they wanted to go to their room to do this, providing a choice that enabled private discussions.

One person living at the service was due to go out but felt tired and chose not to go. This was supported and staff regularly enquired if the person was alright, looked and checked that this person was alright while sleeping and again checked if they wanted to eat at lunch time. All approaches were gently undertaken with due consideration for the person's feelings and with respect.

Records showed that any change in choices by a person was recorded, then this was part of the person's ongoing support plan. Such changes were recorded as if the individual were stating them, making the information personal. This showed a person centred culture within the service. Staff were seen to be constantly looking around as they undertook any task, making certain that everyone present was comfortable and had what they needed. Staff were not task driven, but clearly had the wellbeing of people using the service at the centre of their daily routines.

Throughout the inspection we noted that staff laughed and spoke with people, even if they were just

walking about. People living at the service were relaxed, smiling and talking in various areas of the service. They approached staff in a confident manner and were clearly at ease with all members of staff on duty at this time. This showed us that they were comfortable speaking with staff and we heard staff responding in a kind and compassionate manner.

Throughout the inspection we noted that staff were asking if people were comfortable and then allowed plenty of time for the person to reply. We heard staff quietly discuss the actions of one person who they thought maybe a bit unwell. One staff member walked over to this person and gently sat next to them, speaking with consideration for their feelings and making certain not to be overheard. This showed us that staff anticipated people's feelings and then made certain that the individual had what they needed and was not just reluctant to ask. Staff were observant and attentive throughout our observations in all areas of the service.

Visitors told us that staff made them feel welcome and that people living at the service were happy at each visit. One person told us, "Food is really very good here and [name of relative] always enjoys meals." We saw that after choosing their meals, people sat where they wanted and chatted with staff.

Is the service responsive?

Our findings

Our discussions with staff showed that they fully understood what their role were and what responsibilities they had within that role.

Records showed that support plans were regularly reviewed and signed by the individual plus any family members if needed. This ensured that the contents were up to date and contained appropriate information. They also reflected any changes in a person's needs or choices. Where any concerns or need for change had been identified, these were discussed with the person and the support plan changed to accommodate these needs. However, routines still promoted the persons independence and choices.

Activities were chosen on an individual basis and supported by the appropriate staffing numbers. Chosen activities included bowling, walks in the local park, meals out and trip in the service vehicle. Trips to local beaches and shows were arranged, as well as holidays when staffing was available.

Aims and hopes for the future were recorded in support plans and discussed regularly. The registered manger said that small steps were taken to reach individual goals and these were recognised and fully recorded. For example, if a person's aim was to live in their own home then this would be reviewed, developed and supported where possible. The recent royal wedding had been of great interest to people. There were celebrations at the service and much discussion about this event.

Support plans included information covering such areas as personal history, communication needs and any specific triggers that may lead to accelerated behaviours. There were clear instructions for staff to follow in such instances with added support on how to avoid these being repeated.

People living at the service had a personal book developed by staff that contained photographs and relevant information for that person. This information was supported with pictures for easier comprehension. This personal document was for people to read privately in their room to go over events, remember outings and members of their family in their own time.

The daily records showed regular routines and daily activities that people had chosen and that staff supported. They clearly reflected how each person was supported, stated their mood and which choices had been made each day.

Information was displayed around the premises to provide information for people. These notices were to inform and also acted as a reminder of people's rights and choices. These were presented in a variety of formats to ensure everyone was supported. Information included, for example, details about independent advocacy services. An advocate is an independent person that expresses a person's views and represents their interests.

People received care and support that respected their dignity and privacy. We observed staff supporting people throughout the day and always considered the person and their privacy. Staff also made sure they

did not support the person in a restrictive or overpowering manner, they kept a reasonable distance away to allow freedom of movement and choice at all times. Staff asked and waited for a reply, they left people if they wanted some quiet time but made sure they remained within eye contact in case they were needed.

People living at the service were always included in any discussions that were taking place but when necessary, were gently asked to let the person talk confidentially. This showed that people were able to live together with due consideration for their emotional needs and their own space. Staff had their drinks with people living at the service, this was a comfortable and relaxed time that was obviously enjoyed by all. The staff created a sense of community and a relaxed family atmosphere at the service.

Is the service well-led?

Our findings

The service developed a positive culture that was person centred, inclusive and open. People that used the service were clearly comfortable with the support they received and enjoyed living at the service. One member of staff said, "I really enjoy my job and people living here are encouraged to express themselves and live their own lives."

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 said the registered manager worked in a positive and supportive way, fully including staff in the decision making process. There were regular staff meetings to allow for full discussions about any developments within the service.

Staff had a clear understanding of the vision and values of the service. One said, "We work together to get people to make their own choices and live in a safe environment."

The registered manager explained that when a person was ready or wished to live in the community, they would be encouraged and supported to undertake this step. A variety of external organisations would come together to make certain every aspect of such a move was appropriate for the person and the change made as smoothly as possible.

The service had quality assurance systems in place that monitored the quality of the service provided and also of the safety of all support as well as the premises. Records showed that monthly audits were completed by the registered manager. These included audits on medicines, health and safety, the environment as well as on records that were securely stored in line with data protection.

The service had strong links within the local community and had developed positive relationship with family members. Staff provided regular transportation for people using the service to meet their family in a mutual place, such as a local hotel.

Regular monitoring, assessing the standards of the service and discussions with family and people living at the service ensured the service continually developed. Any incidents or issues arising were fully recorded, addressed and measures implemented to prevent any repeat. While there had been no recent complaints or concerns, records showed that minor issues were fully addressed and recorded. Showing transparency of working procedures, a willingness to address and learn from any matters.

The provider enabled people that used the service to share their experience about the care and support they received by issuing an annual satisfaction survey. These were produced in an appropriate format for each individual and where possible, family members assisted with their completion. We saw the recently returned

questionnaires received by the provider contained many positive comments.

The provider had quality assurance systems in place that monitored the quality and safety including outcomes. For example, this included checks on health and safety issues within placements. Risk assessments, support plans, medical and daily records were also monitored.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary, showing that the registered manger was complying with legal requirements.