Kisimul Group Limited

Gormanach 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

Gormanach 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 Gormanach House is registered to provide personal care for up to six people. There were four people living at the service at the time of our inspection.

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

This inspection site visit took place on 3 December 2018 and was unannounced.

There was a registered manager in post. 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.

Relatives told us that they felt their family members were safe with staff. Staff understood risks to people's care and what they needed to do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started work checks were undertaken to ensure that they were suitable.

There were sufficient numbers of staff employed at the service. People's medicines were managed in a safe way by staff. Staff followed best practice with regards to infection control. In the event of an emergency such as fire or flood there were plans in place to ensure that people were protected Accidents and incidents were recorded and actions were taken to reduce the risk of these re-occurring.

Before staff started work they received a detailed induction. Staff told us that they felt supported and that training at the service was effective. People told us that staff knew how to provide care and understood their needs. Training was continuous and staff competencies were reviewed regularly through spot checks and one to one meetings with their manager.

People's opinions were sought in relation to how they wanted their care to be delivered. Staff treated people with kindness, consideration and respect. Relatives were welcomed at the service.

People were supported with the meals that that they liked and in line with their dietary needs. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff worked within health care social care guidance. Detailed assessments of care took place before people moved in. People had access to activities that were

personalised to their likes. The registered manager worked with external organisations in relation to improving people's care.

Staff understood the principles of the Mental Capacity Act (2005) and what they needed to do if they suspected a person lacked capacity. People received personalised care that reflected their needs, interests and preferences. Regular reviews were undertaken and any changes to people's needs were actioned by staff. The provider had a clear and accessible complaints procedure.

Relatives and staff were complimentary of the management and the support they received. Staff worked well as a team and felt supported and valued. Steps were taken to review the care and the delivery with actions to make improvements. Methods they used included audits, resident and staff meetings and spot checks.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

This was the first inspection of the service.

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.

Care plans were in place to manage risks to people. Where accidents incidents occurred, staff responded appropriately to reduce further risks.

Staff understood how to respond to suspected abuse. Relatives told us that their family members were safe.

People received their medicines safely, from trained staff. Staff followed best practice with regards to infection control.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable before they started work.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in line with best practice. Staff understood the principles of the Mental Capacity Act.

People were supported with their meals in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular one to ones with their line managers to discuss their work.

People's needs were assessed before they moved in so that staff understood the care that they needed to deliver. Staff worked well as a team to provide good care.

Is the service caring?

Good

The service was caring.

Staff were kind, attentive and caring towards people.

Staff treated people with dignity and respect and ensured that their independence was encouraged.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Relatives were welcomed at the service.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Care plans reflected people's needs and interests. Care needs were reviewed regularly and any changes were actioned by staff.

People were involved in meaningful activities specific to their interests.

There was a complaints policy in place that was accessible to people.

Is the service well-led?

Good

The service was well- led.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a quality service.

There were appropriate systems in place that monitored the safety and quality of the service. Where people's views were gained this used to improve the quality of the service.

Staff understood the ethos of the service and bought into the values demonstrated by management. People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Notifications were sent to the CQC where appropriate to do so.

Gormanach House

Detailed findings

Background to this inspection

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

This inspection site visit took place on 3 December 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

We reviewed the Provider Information Return (PIR). 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.

During the visit we spoke with the registered manager, one person and three members of staff. We looked at a sample of two care records of people who used the service, medicine administration and three recruitment records for staff. To prevent causing anxiety to people that lived at the service we limited our observations of care to the morning of the inspection.

After the inspection we spoke with two relatives of people using the service. We were also provided with records that related to the management of the service. This included a record of staff training and supervisions and audits of the service.

Good

Is the service safe?

Our findings

Although people were unable to verbally communicate with us about whether they felt safe you could see from the interactions with people and staff that they felt comfortable. People approached staff for comfort throughout the inspection when they felt uneasy or anxious. One relative told us, "[Person] receives good safe care." They told us that they would know if their family member did not feel safe.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said, "If I suspected abuse I will report it. We have procedures to follow with safeguarding. If needed I would call the safeguarding team and the CQC." Another said, "If I see something then I would put a stop to it, find out what's happening and make sure the person was safe. I would then tell the manager." Staff were provided with safeguarding training and people were reminded at meetings what they needed to do if they were concerned about anything. Staff told us that they would feel confident raising concerns through the whistleblowing policy.

People were protected against the risk of infection as appropriate measures were in place. Staff were aware of their responsibilities to ensure that they were adhering to good infection control. One told us, "We need to wash our hands and wear aprons so we don't spread any infections." We saw staff wearing gloves where appropriate. The service was clean and tidy and there were cleaning check lists in place that were used by staff. One relative said, "The home is very clean and tidy."

Incidents and accidents were recorded and evidence of actions taken to reduce the risks of incidents reoccurring. One member of staff told us that behaviour forms were used daily for each person and we saw evidence of these. They told us, "If it's a new behaviour then we raise this straight away with the manager to see if any other immediate actions need to take place." We saw that the registered manager reviewed the behaviour forms and incident forms to analyse for trends and to take any appropriate action.

Assessments were undertaken to identify risks to people. Each care plan detailed people's individual risks and the management plan to reduce the risks. For example, each person was at risk when going out. There was an action plan in place that involved each person requiring two staff to support them when going out. We saw one person going out for a walk when we arrived at the service who was being supported by two staff. A member of staff said, "[Person] has no road awareness. We will walk either side of them, slightly behind for their safety and for ours so that we can see what is doing." Another person had epilepsy and their risk action plan stated that they should always been supported in the service by a member of staff. There was also CCTV in place in their room so that staff could monitor any episodes of seizures.

There were sufficient staff to ensure that people's needs were being met. The PIR stated, "Where staffing shortfalls occur the service uses a bank of Kisimul [their other service] staff. The service does not use agency staff." We found this to be the case. We were told by the registered manager that each person in the service was on a one to one with a member of staff and we saw that this happened on the day of the inspection. One member of staff said, "I feel there are enough staff. We have a one to one [member of staff] for each person. If someone calls in sick we are able to contact our other home to borrow staff if we need to. People

are able to go out as there are enough staff." We saw from the rotas that the minimum levels of staff required to support people were always maintained. During the day when people required support from staff this was provided.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Fire risk assessments were undertaken regularly and there were personal evacuation plans for each person. This meant that in the event of an emergency or a fire there was guidance for staff on best to support the person. Staff were knowledgeable of what to do in the event of a fire. There was a service contingency plan in place in the event that the building had to be evacuated. This included moving people to another local service.

People were supported to take their medicines as prescribed. People's medicine administration records (MAR) were signed as appropriate and up to date. All MAR charts had a recent photograph of the person for ease of identification. Staff completed regular audits to ensure that people received their medicines as shown on the MAR. Medicines were stored in a locked clinic room and the keys were kept by authorised staff only. Daily temperature of the room was taken. Staff told us (and we confirmed) that they had medication management training annually and medicine competencies. One member of staff said, "If people refuse their medicine at the time then we give them some time and then try again." PRN protocols were used when giving 'As necessary medicines.' One member of staff said, "People may use nonverbal signs when they are in pain. We use Makaton (a form of sign language) to ask them if something hurts."

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

People's rights were protected because staff acted in accordance with the MCA. We saw that there were decision specific capacity assessments in place in relation to finances, consent to care and medicines. There was also evidence of meetings where discussions took place with staff, family and health care professionals to ensure that whatever care was provided it was done in the person's best interests. We saw that applications had been submitted to the local authority where people's liberties were being restricted for example where people were on one to one supervision with staff. Staff understood the principles of MCA. One told us, "Everyone is deemed to have capacity unless proven otherwise. Most people can still make small decisions for themselves."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. One relative told us, "Staff have a good understanding of [person's] extreme behaviours and they manage this well." One member of staff told us that they had an effective induction. They said, "They [the staff] showed me the files and I shadowed them. The team were really supportive." Staff told us that training at the service was relevant. One told us, "The training is very good. It's important to have the training so that we can support the resident in the right way and learn how to do our job." The service mandatory training included, challenging behaviour, understanding autism, moving and handling and infection control. In addition to this behaviour support training had been provided for staff. Staff were supported to complete the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life.) We saw staff providing appropriate care to people particularly around people's autistic behaviours. One person liked to stick a particular routine and staff supported them with this and understood this. We saw that another person became anxious. Staff reassured the person and reminded them of the strategies that helped them to feel calmer.

Care staff had received appropriate support that promoted their professional development and assessed their competencies. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff told us, "One to ones are useful. You can raise concerns and get the support you need. You can talk about your job and get additional training if you need it."

We saw that the environment was set up to ensure that people living with autism had a place to go to help them feel calm. There were several lounges at the service that people could use that were filled with soft furnishings and soft flooring to help create a calm space. This also created a feeling of cosiness and safety

for people. We saw people using all of these rooms during the inspection. The kitchen was open plan onto the dining room and the conservatory which gave an open feel so that people did not feel enclosed. The rooms were lightly coloured but the lighting was not overly bright so as not to overstimulate the people living with autism. One member of staff said, "They [people] like having the space. Everyone having their own separate [communal] room is fantastic."

Prior to moving into the service people's needs were assessed to ensure that the service was appropriate for them. Information obtained included the person's diagnosis, their medicines, how they communicated and their care needs. The registered manager told us that the transition for for each person was different when they moved in. There were people that visited the service prior to moving in whilst others who this would not have been appropriate for due to their particular health care condition. One member of staff said, "It's important we assess their needs before they move in otherwise we would be unprepared and things could go wrong."

Staff worked well together to ensure people received the support and care they required. One member of staff said, "The team work is great. If we didn't have great team work then people wouldn't get the right care. We can swap and change daily who supports who on each day if the person preferred to work with someone else." We saw that staff worked well throughout the day and supported each other when needed. There was a handover each time staff came on duty. One member of staff said, "We have them so we know what people have been doing. If one person hasn't slept well I know he will be tired for the day and that could impact on his behaviours."

People were supported to remain healthy and had access to health care professionals. Each person had a 'Health Care Action Plan' that was used to engage people in discussion with staff and health care professionals. People were weighed regularly and supported if they had lost or gained weight to ensure that they were provided with a healthy diet. One member of staff said, "[Person] doesn't eat much. We referred to the GP and the GP is reviewing their medicine." We saw that people had access to appropriate health care professionals in relation to the autism and epilepsy. People were supported to visit the dentist, opticians and hospital appointments.

We saw that people accessed food in the kitchen throughout the day. People had a choice of healthy food and drink. The registered manager told us, "Residents generally choose what they want to eat. Staff eat with our residents." A member of staff told us, "We plan menus and we make sure what we offer is nutritious. People will tell us what they want and don't want."

Good

Is the service caring?

Our findings

Relatives told us that staff were caring towards their family members. One told us, "They [staff] have banter with [person]. [Person] has a good relationship with staff. They are very caring towards [person]." Another relative said, "Staff appear very caring and considerate." Relatives told us that they always felt welcomed at the service. One told us, "They [staff] chat to us when we are there."

We observed staff to be kind and considerate towards people. When people showed any anxiety, staff provided reassurance. Staff understood how people communicated. There were people that had their own form of sign language and staff understood what people were trying to say. When one person was making a loud noise, another person approached a member of staff and signed that they wanted to go their room for some quiet time. The member of staff understood this and supported them to their room. We saw another member of staff sign 'a thumbs' up to a person to ask them if they had finished their drink and the person responded to this. On another occasion a person entered the registered managers office and signed with their arms. The registered manager understood that the person wanted the window closed in the office.

People were supported to remain as independent as possible. We saw that people were given information by staff about the consequence of the decisions they made to assist them to make their own choices. For example, one person was able to see, with staff support, the benefits of acting in a positive way. They told us that they liked staff supporting them in this way. We saw that people were encouraged and supported to clean their rooms and help prepare their own lunch. One member of staff said, "They can be prompted to clean their rooms. I give [person] a mop to mop the floor. [Person] enjoys being involved in the cooking process." Another told us, "[Persons name] has a shower and I encourage him to wash and dry himself." We saw staff supporting people to clean their rooms.

People's rooms were personalised with things that were important to them. You could see from their rooms what their individual interests were. For example, one person's room had football posters and memorabilia. The person told us that they liked their room. People were encouraged to make decisions about their care. One member of staff said, "It's important to offer choice. I hold up choices for people. For [person] it's important that they are offered a choice." Another member of staff said, "People get up when they want and they are free to do what they want. People choose their own breakfast." We saw people being offered choices about what they wanted to do and what they wanted to eat and drink.

People were treated with dignity and respect throughout the inspection. We saw that one person was discreetly reminded to wear appropriate clothing. Staff spoke to people in an age appropriate way. One member of staff said, "Its talking to them at their level. I don't want to talk to them like they are a child." One member of staff said, "It's important to know what they like to do otherwise they get bored. I want to make their life as meaningful and enjoyable as possible."

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. One relative said, "I'm really involved, they [staff] include me in everything." We saw from the care plans that people were asked what support they wanted. The care plans contained detailed information about people's care needs and actions required in order to provide safe and effective care. Staff gathered information from the time of referral from different sources in planning the person's care. For example, a care plan for one person who had lived in another care setting showed that staff had gathered the person's medical history and the progress they had made since moving in the service. Staff then used this information to plan goals, one of which was to become more confident going out into the community. Another person person's behaviours had improved since they had moved in which had reduced the need for a staff intervention.

People's care was provided in a responsive and person-centred way. People at the service had specific routines and rituals that were important to them. One member of staff told us, "If in the morning [person's name] doesn't want a particular member of staff he will communicate this to us by his behaviour. We will then just use a different member of staff to support him." Each person had a detailed communication plan. The plans had information on the behaviours of each person and what this meant for them. There were detailed strategies in place for staff on how best to support the person with their behaviours. For example, one care plan stated, "[Person name] is screaming." The guidance stated that staff should reduce the demands on the person and redirect the person to a quiet area to give them space alone to calm. We saw this taking place on the day.

There were detailed care records which outlined individual's care and support. The PIR stated, "Care plans are reviewed six monthly thereafter or where a persons need changes. The service uses Care Docs electronic system for care planning and recording daily information, a hard copy of each person's care plan is held in their file so that staff can access this on [electronically] or from a hard copy which is kept in a secure place in the staff office." We found that this was in place. Care planning included, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. We saw that one person had epilepsy and there was detailed guidance for staff on the care that needed to be provided if they had a seizure. Staff were knowledgeable on the care that was required. Staff told us that they read people's care plans before they provided any care. One told us, "It's good to know the history of people and what their triggers are." Another said, "I read the care plans so you can see how people communicate their needs."

People were involved in individual and group activities throughout the week including cycling, swimming and eating out. One person was supported to the cinema every two weeks and another person liked to go to the shops each day. During the inspection people went out to the shops, sat and watched television, listened to music or rested in their room. Staff gathered information about the people's interests and hobbies. For example, one person liked football and we saw that they had opportunities to watch games and collect memorabilia. We identified that at times people were not always able to go on an outing due to the lack of drivers available to take them. We have asked the registered manager to address this.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We saw that there was a policy in place and that this was in picture format for people. One member of staff told us, "We use sign language and we have pictures that we can use to help people communicate to us if they are unhappy." We heard one member of staff ask a person if they were happy and they communicated to the staff member that they were. We saw that there had been two complaints from the neighbours about the noise level at the service. The registered manager had met with the neighbours and actions were taken to try and reduce this. One relative told us, "We raised a concern with the bathroom and they rectified this immediately."

Good

Is the service well-led?

Our findings

People at the service felt comfortable with the registered manager. During the inspection people came to the office to see the registered manager. One relative told us, "I think [registered manager] is good. When there is a concern he will always ring me." Another told us, "He seems like a nice person, friendly."

Staff were happy with the management of the service. One told us, "Everybody loves him [the registered manager]. His office is always open. If we are struggling with anything we call upon him straight away." Another said, "The manager is really good. He helps out a lot. If we have an incident he will come. He has your back." The registered manager put the needs of people first and asked that we leave the communal area when a person's behaviour changed with our presence. The registered manager told us, "My priority is about making the residents happy. My staff need to know I will come running if they need me."

Staff morale was good and staff worked well together as a team. Comments from them included, "I feel very valued and supported. I get told how I am doing and its encouraging", "I feel valued. I feel like I make an impact. I love working here. It's rewarding. I feel like I make a difference" and "We have a great team. Everyone pitches in to help." Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care to people. One told us, "I enjoy it. I feel like I have helped someone. I feel like I am making a difference. To see them smiling and laughing." Staff told us that they felt supported and valued. One told us, "I'm always told what I have done well. They [staff] say they are glad that I am part of the team." Another said, "He [the registered manager] will ask you how you are feeling. He is very supportive."

We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. The minutes identified that matters discussed included, daily duties, people's health care, training and policies. Staff were asked to identify areas of improvement. One member of staff told us, "We have staff meetings which are useful so we can all discuss all of the residents. It's a good format to come up with ideas to make changes. Someone suggested cycling for [person's name] and he loved it."

There was a system of audits that were being used to improve the quality of care. The PIR stated, "Managers meetings are held monthly with the group operational manager to discuss and agree improvements and to share good practice. Gormanach House is part of a group of homes, managers from each home provide peer support to each other and share experiences and ideas to support service development." We saw that this was taking place. Various audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate. As the service had only been provided since February 2018 their annual survey to professionals and relatives had yet to be sent out.

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. For example, the

registered manager and staff were working on a national project involving many different organisations which were helping to stop the over use of medicines for people. We saw that regular house meetings took place with people to gain their feedback. We saw from the minutes that activities and food were amongst the things that were discussed. We saw from a result of a discussions that additional foods were added to the shopping list.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.