

Kisimul Group Limited

An Diadan House

Inspection report

25 Shirley Hills Road
Croydon
Surrey
CR0 5HQ

Date of inspection visit:
05 May 2016
09 May 2016

Date of publication:
14 June 2016

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

This inspection took place on 5 and 9 May 2016 and was unannounced. This was the first inspection of the service.

An Diadan House is registered to provide accommodation and personal care for up to six adults. At the time of our inspection there were three young adults living in the home. The service specialises in supporting people with learning disabilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People felt safe. There were procedures and risk assessments in place which staff implemented to reduce the risk of harm to people. Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns.

Appropriate checks were carried out on staff and they received an induction before they began to work with people. Staff had the skills, knowledge and experience to care for people safely.

There was a sufficient number of staff on duty to care for people safely and effectively. Staff understood their roles and responsibilities and were supported by the provider and management to provide effective care, through relevant training and supervision.

Staff were recruited through an appropriate recruitment process which was consistently applied. Thorough checks were conducted on staff before they were allowed to work with people. This helped to minimise the risk of people being cared for by staff who were unsuitable for the role.

There were procedures in place to ensure that people received their medicines safely which staff consistently followed. All areas of the home were clean and well maintained. People were protected against the risk and spread of infection.

People and their relatives were involved in their care planning. People were supported to express their views. Staff asked for people's consent before providing care. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

There was a calm, relaxed atmosphere in the home. People were happy and at ease interacting with staff. Relatives were satisfied with the care their family members received and told us the staff were kind and caring. All areas of the home were clean and well-maintained.

Staff knew people well and how they preferred their care to be provided. Staff ensured people received a

nutritious, balanced diet. People had enough to eat and drink.

There were a variety of activities for people to participate in at home and in the community. Visitors to the home were made to feel welcome by staff. Staff supported people to maintain relationships with their family and friends. This helped to ensure people did not become socially isolated.

People's healthcare needs were met by suitably qualified staff who worked well as a team. Regular checks were carried out to maintain people's health and well-being. People also had access to healthcare professionals.

The registered manager had worked in the adult social care sector for many years and knew what was required to provide good quality care. There were systems in place to assess and monitor the quality of care people received and these were consistently applied by staff.

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.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were assessed and managed according to their care plan.

There were sufficient numbers of staff to help keep people safe. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through relevant training and supervision. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received sufficient amounts to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People were supported to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the care they received. People were involved in their care planning and received personalised care that met their needs.

People were supported to participate in a variety of activities at home and in the community.

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Is the service well-led?

Good ●

The service was well-led.

The provider and registered manager demonstrated good management and leadership.

There were systems in place to regularly monitor and assess the quality of care people received.

An Diadan 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 took place on 5 and 9 May 2016. The inspection was unannounced and was carried out by a single inspector.

As part of the inspection we reviewed all the information we held about the service. This included registration information.

During the inspection people living in the home were unable to share their experience with us due to their complex communication needs. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people's relatives, five staff members and the registered manager. We also spoke with a representative from a local authority which commissions the service.

We looked at three people's care files and four staff files which included their recruitment records. We reviewed records relating to staff training and supervision, maintenance and management of the home, as well as a variety of policies and procedures.

Is the service safe?

Our findings

Relatives told us their family members were safe at An Diadan House. One relative told us, "He is in the best place for him. I know he is safe and well looked after." Another relative told us, "It is a lovely environment. [The person] has all the space he needs and the staff do everything they can to make sure [the person] is safe."

Staff understood their obligation to protect people from abuse and discrimination. The service had policies and procedures in place to guide staff on how to protect people from abuse and staff had been trained in safeguarding adults. The provider made this training mandatory for all staff working in the home. Staff demonstrated good knowledge on how to recognise abuse and report any concerns. Information for staff on the action to take if they had any concerns about the safety of people using the service was prominently displayed on the walls in the home. Noticeboards in the communal areas gave people living in the home information on protecting adults and this was in a pictorial format. Staff were familiar with the service's whistle-blowing policy and told us they would not hesitate to report any concerns about the conduct of another member of staff including the registered manager.

Arrangements were in place to protect people from avoidable harm. Risk assessments were carried out which considered how people's specific circumstances and needs could put them at risk of injury and harm in the home and in the community. Care plans gave staff information on how to manage identified risks. We observed and records confirmed that staff cared for people in accordance with their care plans in relation to minimising the risks identified.

Assessments of the home environment were regularly conducted by staff. There were control measures in place for staff to follow to minimise any risks posed by the premises. Records confirmed that regular checks were made of fire equipment and systems, alarms and water hygiene. There were also service agreements in place to ensure that the gas, electricity and water supplies were regularly checked and serviced by external companies.

The provider operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Job applicants were required to complete an application form setting out their previous experience and relevant skills. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references and criminal record checks had been carried out. Every previous employer listed on their application form was contacted by the provider for a reference. Job applicants were also required to provide proof of their identity and their right to work in the UK. Records demonstrated that this recruitment process was consistently applied. A staff member told us, "Their vetting process is very robust so I had to wait a long time between the interview and starting to work here." This minimised the risk of people being cared for by staff who were unsuitable for the role.

During our visit there was a suitable number of staff to meet people's needs. Relatives told us that there was always a sufficient number of suitable staff to support people. This meant people's needs were met in a safe, unhurried way.

During this inspection we found there were appropriate arrangements in place for the storage, administration, recording and disposal of medicines. Medicine was administered safely, at the appropriate time and staff who administered medicine were trained to do so. Each person had their own medicines administration record sheet (MAR sheet) with their picture on it, to minimise the risk of a person being given the wrong medicine. People's MAR sheets were signed by staff each time medicines were given.

Guidance was in place for staff to follow when supporting people with medicines prescribed 'as required' (PRN). PRN's are medicines which are only needed in specific situations such as, when a person may be experiencing pain. People's medicine records and the controlled drugs register were fully completed and up to date. Medicines were stored safely in a locked cupboard within two locked rooms. Staff checked the temperature of the area where the medicines were stored to ensure this did not exceed levels at which the efficacy of medicines could be reduced. There were suitable arrangements in place for the disposal of medicines which were no longer required.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in the home. All areas of the home and surrounding gardens were clean, tidy and well maintained. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). We observed that people and staff practised good hand hygiene.

Is the service effective?

Our findings

Relatives told us staff had the knowledge and skills required to meet their family member's needs. Records demonstrated that staff received training in areas relevant to their role. Staff also received additional specialist training to meet the specific needs of people living in the home. For example, training was provided to staff on how to effectively support people on the autistic spectrum. Staff training records were monitored by the provider and manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. Staff told us they received regular training which was relevant to their roles. One staff member told us, "They are very supportive with the training."

Newly appointed staff were required participate in an induction which covered the fundamental standards of care. During induction staff were given time to familiarise themselves with people's care plans and get to know the people they would be supporting. They were also made aware of the provider's policies and procedures. Staff were given the opportunity and supported to obtain further qualifications relevant to their role.

People were cared for by staff who were supported in their roles by the management and senior staff. Staff received regular support through one to one supervision meetings and were provided with opportunities to reflect on their working practices, discuss work issues or concerns and any learning and development needs they felt they had. Staff told us they felt well supported by senior staff in their roles. A newly appointed staff member told us, "They are very supportive here. I can go to any one of them and ask for help or if I'm unsure about anything."

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. The application procedures for this in care homes are 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 were being met.

Records showed staff assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests. Staff had received training in relation to the MCA and DoLS. This was mandatory for all staff when they started to work at the service. They had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the authorisation.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Records showed staff assessed people's nutritional needs which took account of their healthcare conditions as well as their specific preferences for food and drink. Staff used this information to support people to plan meals which met their needs. People had a choice of healthy, nutritious meals and could eat when it suited them. Staff monitored people's food and fluid intake to ensure people were eating and drinking enough.

People were supported by staff to keep healthy and well. People had individual health action plans which set out how staff should support people to do this. This included the access they needed to services such as the GP or dentist. People were supported by staff to attend their healthcare and medical appointments. One person had a hospital passport and staff were in the process of developing hospital passports for the other people living in the home. The hospital passport we looked at contained information hospital staff needed to know about people and their health in the event that they needed to go to hospital.

Staff recorded daily information about people's general health and well-being. Staff were encouraged to report any issues or concerns about people's health and well-being to senior staff promptly so that appropriate support could be obtained for them. Information about people's current health and any concerns about this were shared at staff handover meetings so that all staff were aware of the appropriate support that was needed.

Is the service caring?

Our findings

Relatives told us the staff were caring and considerate. One relative told us, "They are so good with [the person]. They are honestly the most caring staff I have come across. He is very content and happy and that's all that matters. He's behaviour has changed since he's been living there. He is much calmer. [The registered manager] and her team are doing a wonderful job." Another relative told us, "They are patient and considerate." A staff member told us, "We all want the best for the people living here. They are our priority."

There was a relaxed atmosphere in the home. People appeared comfortable and happy interacting with staff and while in their presence. Staff had built meaningful relationships with the people they supported and knew them well. People using the service had complex communication needs. Staff understood how people expressed themselves through speech, signs, gestures and behaviours. This helped staff to provide what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community. We observed staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. We saw they involved people in making decisions about what they wanted to do and gave people the time they needed to communicate their needs and wishes.

People's right to privacy and to be treated with dignity was respected. Staff told us how they ensured curtains and doors were closed while the supported people with personal care. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. People's values and diversity were understood and respected by staff. For example, people were supported to follow the diet their religion required.

People were supported to express their views. People were given the information they needed in a way they understood to enable them to be involved in making decisions about the care and support they received. Relatives told us they felt able to express their views about how the home was run.

People were encouraged to be as independent as they could be in the home and community. A relative told us, "They encourage [the person] to do as much as possible for himself. He is really coming on." People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, people were encouraged to participate in the preparation of meals and drinks. Records showed people had time built into their weekly activities timetable for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Is the service responsive?

Our findings

Relatives were satisfied with the care and support people received. One relative told us, "It's a brilliant service." Another said, "I'm happy with the way they are supporting [the person] and more importantly [the person] always seems happy and content when we visit." Another told us, "I'm very pleased [the person has settled well and is being cared for properly."

People and their relatives actively participated in planning the care and support people needed. A relative said, "I am still very involved in [the person's] care even though he is no longer living with us." Records confirmed people were supported to contribute to the planning and delivery of their care. Their family members and others involved in their care, such as social workers also had involvement in making decisions about the support people needed.

Staff used information from assessments of people's care and support needs to develop a detailed support plan which set out how these needs would be met.

There was continuity of care. People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided. Staff spoke knowledgeably about people's life histories, their likes and dislikes, their interests and habits. People received personalised care. People's needs were regularly monitored to identify any changes that may be needed to the support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs were being met.

People were supported to pursue activities and interests that were important to them and reflected their age. Each person had a personalised weekly timetable of planned activities they undertook at home and in the community. These covered their hobbies and interests, outings and social events, attending college or the community centre as well as household chores. A relative told us, "[The person is busy every day."

People were able to maintain relationships with those that mattered to them. Relatives told us they were made to feel welcome by staff and could visit their family member when they wanted to. Staff kept in contact with people's families providing them with updates and news about their family member. Family and friends were invited to events that took place at the home such as birthdays and festive celebrations. People also had the opportunity to attend social events and meet people living in other homes owned by the provider. This helped to ensure that people did not become socially isolated.

The provider had arrangements in place so that people's concerns and complaints would be dealt with appropriately. The provider's complaints procedure was readily available to people and explained how any complaint they made would be dealt with by the service. The registered manager was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised.

Is the service well-led?

Our findings

The home was well organised and well-led. The registered manager were approachable and open to suggestions for improving the service. One relative told us, "I'm always in contact and they keep me informed. They have a lot of experience and everything is well organised." Another relative told us, "They have taken on-board our suggestions."

The registered manager had worked in the adult social care sector for many years. She was passionate about providing good quality care and knew what was required to do so. The registered manager was constantly looking for new ways to improve the service, develop staff and make a difference to people's experience of receiving care and support. She told us, "Our goal is to help people lead full, happy lives. If anything we do improves their outcomes and makes their life better, I'm happy."

There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure. Relatives and staff knew who to approach with their concerns. They also knew how to escalate concerns. Staff felt able to raise any concerns and get guidance from the registered manager.

The registered manager was well-supported by the provider. Staff felt supported by the registered manager. It was evident that staff worked well as a team to ensure people received continuity of care. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role, had regular supervision and the opportunity for personal and professional development. Records confirmed the manager checked that recommendations made during supervision meetings were actioned by staff.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their daily checks, senior staff observed staff interaction with people and checked the standard of cleanliness in the home. The registered manager also regularly checked care and medicine records, staff training and supervision. People's care plans were updated regularly to ensure they were meeting their current needs. The maintenance and security of the home was regularly checked by the provider. The provider also conducted audits of a variety of aspects of the service to check that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We requested a variety of records relating to people living in the home, staff and management of the service. People's care records, including their medical records were fully completed, well organised and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.