

Kisimul Group Limited

Blythe 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

About the service: Blythe House is registered to provide accommodation and personal care for up to 10 younger adults who are living with a learning disability. Ten people were living in the home on the day of the inspection. There were deliberately no identifying signs to indicate it was a care home. Staff were also discouraged from wearing clothing that suggested they worked on the premises.

People's experience of using this service: The provider safeguarded people from abuse. Staff recognised and reported concerns. Relevant risk assessments were completed. Accidents and incidents were monitored to identify and address trends and reduce risk.

People were supported to have their medicines safely. The service was involved in STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). People's medicines had been reduced helping them stay well and have a good quality of life.

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

There were enough staff to care for people. People asked for assistance from staff when they wanted it. Staff recruitment was safe and staff received the training they needed to develop the skills they required. Staff received regular supervision, an annual appraisal and delivered person-centred care.

People's rights were protected. Staff gained consent before delivering care tasks. The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's communication preferences were supported and they made their own decisions. People spent their time doing things they enjoyed, which maximised their time spent in the local community. One person who wanted to work in retail had gained work experience in a national store and others had taken part in horse riding and winter sports.

Staff supported people to have enough to eat and drink. People had access to health care and support from other health and social care professionals, which ensured good health outcomes.

People's preferences and the views of their relatives were considered when care was assessed, planned and reviewed. End of life plans had been discussed and were in place for some people in the service.

There was an open culture. the registered manager was approachable. They addressed complaints to make improvements.

Rating at last inspection: Good (report was published 04 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Blythe House

Detailed findings

Background to this inspection

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

Inspection team: One inspector completed the inspection.

Service and service type: Blythe House is a 'care home' for younger adults with learning disabilities or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: Inspection site visit activity started and completed on 20 February 2019 and was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details of incidents the provider must notify us about, such as abuse. We sought feedback from the local authorities that worked with the service. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We received this information and took it into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with two people using the service, one relative and two professionals. We spoke with five members of staff, including the registered manager. We reviewed three staff records, three people's care records, medicines records and records related to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff had received appropriate and effective training in this topic area.

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

- People we spoke with told us they felt safe. One person said, "[Staff member] look's after me." A relative we spoke with told us their loved ones were safe, they enjoyed living at the service and they trusted the staff.
- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed.
- Staff understood how to promote people's independence and freedom yet minimise known risks.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Staffing and recruitment.

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There was a core team of staff and people received regular support from the same team.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed when they were no longer required.
- Staff received medicine management training and competency checks were carried out regularly.
- Medicine reviews as part of the STOMP project (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) had reduced some people's medicines promoting their wellbeing.

Preventing and controlling infection.

- Staff followed good infection control practices and used required equipment to help prevent the spread of healthcare related infections.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were effectively assessed and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life. One relative told us, "[person's name] is so happy, I could not wish for a better place. They ring me if [person] is unwell and reassure me they are fine, as I am a long way away and I can handle that."

Staff support: induction, training, skills and experience.

- An appropriate staff induction and training programme was in place. Staff had opportunity for supervision and appraisals.
- Staff told us they were satisfied with the training they received. One told us, "There is so much training available." Another told us, "During your induction and probation you are well supported which allows you to get to know the residents well."
- One relative said, "This place is 'top notch', I know the staff know what they are doing and they work together as a team, I like to see that."

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

- Where people needed support with their meals this was carried out in a way which ensured they used their skills as much as possible to maintain independence. For example, people were encouraged to make their own breakfast and sandwiches at lunch time.
- We received positive feedback about the food. People told us they liked the food and they could choose what they wanted.

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

- Where staff required assistance and guidance from healthcare professionals to support people this was effectively arranged. Information was shared with other agencies if people needed to access other services such as hospitals.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health. One relative told us, "They are a good team. The GP is lovely and it gives you peace of mind they are being looked after."

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

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to

communal rooms and outside space where they could socialise.

- Each person had their own bedroom and displayed their belongings and family photographs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the MCA and associated DoLS were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

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.

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.

- The staff provided kind and compassionate care. One person told us, "I like the staff. They take me out, which is good."
- People were relaxed around staff and wanted to engage with them. One relative told us they knew their family member got on well with staff. They said, "[Person's name] is happy here, they are doing what a typical person their age would do."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. A member of staff told us, "We use different communication methods for people including electronic, sign and picture systems."
- Staff understood what was important to people, spoke warmly about them and reassured them in the ways they preferred.
- Staff treated people on an equal basis and we saw equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

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

- People decided most aspects of their day to day care.
- People were confident to let staff know if they wanted anything, and staff focused on people's wishes. For example, if going for a walk, staff supported them to do this.
- Staff valued people by acknowledging their achievements and celebrating their birthdays. Photographs showed how much everyone living at Blythe House enjoyed these celebrations. They were happy to show off their achievements.
- Staff directed people and their relatives to sources of advice and support or advocacy services where those without a voice could be represented.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with compassion, dignity and respect. Staff addressed them by their preferred name, made eye contact when conversing and were always polite and respectful when in their company.
- People's independence was promoted. Staff suggested things people might like to try to increase their independence. A member of staff said, "We always try and encourage people to do things for themselves, even if it is just sorting their laundry. As long as we are there to support them."
- One relative highlighted their family member was now able to enjoy doing a wider range of interesting things out in the community, because of the support they had received to increase their independence and reduce their anxieties.
- People's confidential information was securely stored.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.
- People's care plans recorded people's interests, histories and relationships which mattered to them and supported staff to understand how people liked to be cared for.
- Care plans were changed as people's needs and preferences changed and were easy to understand.
- Staff supported people to access the community, to maintain and develop relationships alongside participating in hobbies or activities of their choice. We saw each person had a personal file which had photographs showing people engaging in a wide range of interesting activities.
- Accessible Information Standards were met. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People had end of life plans in place with pictorial information which showed they had been involved in the planning process.

Improving care quality in response to complaints or concerns.

- Systems were in place to manage and respond to any complaints or any concerns raised. A relative told us, "I know how to make a complaint, but I have never had cause to."
- The provider used complaints to improve the service.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people who used it.
- A healthcare professional told us, "I feel that the service is well led. They have done an exceptional job with [person's name] and improved their quality of life significantly."
- Staff told us they felt listened to, were supported to provide good care and enjoyed working at the home. One staff member told us, "The management support you with good working practices. Their door is always open. You can go to them about anything, as they are really supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service had a welcoming and family orientated approach to care. Staff morale was high and the atmosphere in the service was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- The service was well run and people who used it were treated with respect and in a professional manner.
- Regular checks were carried out by the registered manager to ensure people were safe and happy with the service they received.

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

- The registered manager told us they worked closely with relatives and staff so as their loved ones received consistent support including during home visits. For example, one person's behaviour had improved so much that home visits were much better for them and the whole family.
- The registered manager sought the views of people's relatives through surveys. We saw the surveys were written in easy read formats and comments in them were positive.
- Links had been developed with the local community. People benefited from spending time at other services including doing work experience in a major retail store and out enjoying themselves.

Continuous learning and improving care.

- The registered manager strove to improve the quality of the care provided. For example, checks were made to ensure people had care plans which reflected their needs and preferences.
- The registered manager and staff kept up to date with best practice through training, research and discussions with health and social care professionals.

Working in partnership with others.

- The service worked continually with all partner agencies such as the NHS and local authorities to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.