

Kisimul Group Limited

Tigh Bruadair

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 January 2015 and was unannounced.

Tigh Bruadar specialises in the care of people who have a learning disability. It provides accommodation for up to 13 people who require personal and nursing care. The home is divided into two separate units. On the day of our inspection there were 13 people living at the home.

At the time of our inspection 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.

On the day of our inspection staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place and accidents and incidents were monitored and recorded. Medicines were administered and stored safely.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs and used innovative ways to involve people in their care and understand their choices. People had access to leisure activities and excursions to local facilities.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff available to care for people appropriately. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. The provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

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.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Staff used innovative ways to support people and understand their choices.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people. People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good ●

The service was responsive.

People were supported to pursue to leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed. People were regularly involved in these reviews.

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Is the service well-led?

Good ●

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

Tigh Bruadair

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 20 January 2016 and was unannounced. The inspection team consisted of a single inspector.

Before our inspection we reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager and three members of care staff. We spoke with three people who were living at the service. We also spoke with two relatives by telephone. We looked at two care plans and records of training, complaints, audits and medicines.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Relatives we spoke with told us that they felt their family member was safe. Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff were aware of how to report an incident both internally and externally to the provider. One member of staff told us about an incident which they had reported and how they did this. They told us that they raised the issue with their manager who referred it to the local authority. They said that they spoke with the local authority about their concerns and that the issue was resolved. Staff told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example risk assessments were in place for people accessing the local community and carrying out household tasks. The provider consulted with other healthcare professionals when completing risk assessments for people, for example the GP. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

There were sufficient staff to meet people's needs. The provider usually had a specific number of staff to provide support to people on a daily basis. However the registered manager and staff told us that staff numbers varied in order to facilitate people taking part in activities and also according to their needs. We saw that some people received care on a one to one basis. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

We saw that medicines were handled safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed. Where people required specific support with their medicines or required as and when medicines this was recorded clearly to ensure staff could provide appropriate support.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative commented, "They all know [my relative]."

Staff told us that they felt they received appropriate training to enable them to care for people. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. The provider had a system of training in place which meant that staff attended a training day every three weeks as part of their rota to ensure that staff had the appropriate skills to care for people. We saw that where specific skills were required in order to support people staff had undertaken the appropriate training and were able to tell us how they used their skills, for example non verbal communication. We spoke with a member of staff who had recently started working for the provider and they told us that they had received an induction when they started work with the provider. The induction was in line with national guidance. Supervision was provided on a regular basis and staff told us that they had received appraisals. Appraisals provide an opportunity for staff and managers to review performance and ensure that staff have the skills and support to carry out their role.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met. For example, we observed that a dietician had been involved in assisting with some people's nutrition to assist them to lose weight. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient and appropriate nutrition. People had access to drinks and snacks during the day. A daily menu was available and those who did not like the food choice for that day were able to have an alternative.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The registered manager told us that they had a positive relationship with the local GP practice. People had 'Health Action Plans' in place. These are personal plans which detail what support people require to keep them healthy. We saw that people had accessed health screening and the provider made appropriate referrals when required for advice and support.

We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. Where people had accessed external health appointments the provider had supported them to complete feedback about the support they received to ensure that it met their needs. One person told staff that they were having problems with their tooth and we observed that staff reassured them and checked their dental appointments. People had 'health passports' in place. These include information about people's health needs so that if they were admitted to hospital or attend a clinic information is readily available to ensure that they receive appropriate treatment.

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). Staff demonstrated that they understood the principles of the MCA and records

showed they had received training about the subject. People's personal records reflected people's capacity to make decisions. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which involved a range of people including the local authority and people's representatives to consider what was in people's best interests. For example best interest arrangements were in place where people required support with their medicines and personal care. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of the inspection all the people in the home had their freedom restricted. We checked whether any conditions on authorisations to deprive a person of their liberty were being met and we saw that they were.

Is the service caring?

Our findings

All of the people we spoke with during our inspection were consistently positive about the care and support people received. People who used the service and their families told us they were happy with the care and support they received. One person said, "I like it here." A relative told us, "Staff understand [my relatives needs]" and "They know what [my relative] likes and what upsets them." A comment in a feedback form said, "Very comforting as a parent to know our [family member] is safe and well cared for."

Staff used innovative ways to ensure that people were able to participate in their own care and live meaningful lives. For example, people who assisted with the laundry were supported with a pictorial system of people's bedding and towels. This enabled them to identify what belonged to whom and give them the confidence of knowing they could do their assigned tasks properly.

The service provided care and support to people to enable them to live fulfilled and meaningful lives. Where people were unable to communicate verbally staff used a range of communication methods and materials in order to support people to participate and express their choices. Staff said that they were aware of people's moods and body language which helped them to understand what people wanted. An example they gave was a person who was constantly putting the shower on in their bathroom. They told us by observing and supporting the person they understood that the person wanted a shower rather than a bath. They also used signs and symbols to support communication, for example, staff told us that a menu was put together with people each week using signs and symbols. People were encouraged to participate in their care. One person we spoke with told us they helped with the hoovering and another person helped with the cooking. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. For example we saw that one person developed a chart for monitoring their own behaviour and with the help of staff agreed goals and rewards.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example, when we were being shown around the home staff introduced us to people and asked if it was ok for us to look around their home. We also visited the bungalow and staff spoke with the people who lived there before we entered to ensure that they were happy with our visit. We saw that caring relationships had developed between people who used the service and staff. During our visit we saw a person was upset and staff asked the person if they wanted them to come back to talk with them and help to sort things out.

We found that the care planning process centred on individuals and their views and preferences. Care records were written in words and picture so that people could understand them more easily. The registered manager told us that staff carried out consultations with people about their care before developing a plan. We saw that care records included people's choices about how they wanted their care to be provided and included information regarding people's independence. For example one record recorded that a person preferred to be checked regularly during the night by staff to provide reassurance. Another said, "Able to make independent choices regarding [the person's] clothing. It is important for [the [person]] to remain in control of the selection of their clothing as much as possible to maintain individuality." Reviews of care

plans were carried out with the person, other professionals and relatives if people wished.

People had access to advocacy services. One person told us about their advocate. An advocate is someone who can help people to access information and services, be involved in decisions, explore choices and options, promote rights and speak about issues that matter to them. One of the people we spoke with asked to contact their advocate and the registered manager agreed to arrange this for them.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that there were areas around the home where people could be private if they wished. Where people preferred to live alone people had been supported to do so. For example in the bungalow a flat area had been created for a person so that they had their own space. However staff told us that if they wished to join the people in the other part of the building they would be supported to do so.

The provider provided outstanding care to people who lived at the home by allowing people to express their individuality but at the same time facilitating and maintaining people's independence.

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed staff consistently gave people choices about their care for example, one person preferred to have their breakfast before their medicines and staff supported them with this. People were also supported to be involved in the recruitment of any new staff.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. People had individual plans for activities which included both access to external and internal activities according to people's choices. However staff told us that these often varied according to people's moods and what they wanted to do on the day. Staff told us that they were able to change activities and plans for the day in order to suit people's preferences. They told us that they were able to be flexible and respond to people's needs and wants in a timely manner. During our inspection we saw a person required batteries for their keyboard and staff supported them to go shopping and acquire these.

People told us about their individual hobbies and how they were supported to follow their interests. One person told us that they liked playing computer games and staff took them shopping to buy new games. Another person told us that they were having keyboard lessons. The home had access to transport and used this to maintain links with the local community. During our inspection we saw that people had gone bowling. We saw that people accessed the local town. For example people told us that they went to the local sports centre and shopping centre. A relative said, "They are always doing something" and "They are always going out and about."

People told us about their birthday celebrations which they had been supported to have. For example one person told us they had a ride in a limousine on their birthday. One person's birthday was coming up soon and we observed them discussing with staff what they would like to do to celebrate it. We observed staff discussed their suggestions and how their wishes could be achieved. The person was unsure about the length of time to their birthday and the registered manager suggested writing a countdown for them on their calendar so that they could check off the days to their birthday.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative. The registered manager told us that they tried to ensure that feedback was provided to relatives on significant issues with the person's agreement.

The registered manager told us that people were involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. We looked at care records for two people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and

support people required. People were supported to access their care plans and we saw that each person had a copy which was written in words, pictures and signs.

Care records were updated on a computerised system which meant that they were updated as events occurred and changes were easy to track ensuring that people received the correct care. We saw examples of staff responding to people's needs in a positive way. For example where people had distressed reactions which challenged, steps had been taken to support people to change their behaviour in a positive manner, for example, replacing an object or activity with an alternative.

A survey had been carried out with people who used the service, professionals and their relatives to understand their opinions about the service. We saw that people had been supported to participate in the services and that they were in an accessible format. Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been no recent complaints.

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they would feel comfortable raising issues with the registered manager and the provider and felt supported in their role. Staff meetings were held regularly. In addition staff told us that the daily handover also gave them opportunity to discuss issues and changes within the home. One staff member we spoke with had recently been promoted to a more senior role and they told us that they had received lots of support from the registered manager and other managers. They said, "Anytime I needed advice they were there." Another told us that they thought it was a 'supportive environment'.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires. These had been carried out with people who used the service, professionals and their relatives. We looked at the responses and saw that a visiting professional had commented that the home was 'well organised.'

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as infection control and health and safety. We saw that the checks linked to the requirements set by the department of health which meant that the provider could assess on a regular basis whether or not the home met legal requirements. We saw the records of the checks identified when action were required. Care records had also been checked to ensure that they included the required information to ensure that staff were able to care for people appropriately.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The relatives we spoke with told us that they would be happy to raise any concerns they had. A comment from a relative in a feedback form said, "If I have had an issue it is sorted." Another relative told us, "They take issues on board when raised."

The registered manager told us that they were keen to ensure that people were part of the community. They said that they tried to ensure that they 'listened' to people no matter how they communicated. Staff also told us that they were constantly listening to people to ensure that the home was being run as they wished. They said that they tried to create a family atmosphere to encourage people to participate. They told us about concerns that had been raised by local residents and they said that they had taken a proactive approach and visited the local residents to discuss issues. They told us that as a consequence the outside areas had been altered which had proved successful for both people who lived at the home and the neighbours. They said that it had also meant that people now had easier access to outside areas.