

Kisimul Group Limited

Tigh Cranntail

Inspection report

1 King Johns Court
Main Road, Kings Clipstone
Mansfield
Nottinghamshire
NG21 9BT

Tel: 01623820815
Website: www.kisimul.co.uk

Date of inspection visit:
30 May 2019

Date of publication:
09 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Tigh Cranntail is a residential care home which can accommodate up to nine people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were nine people living at the service. The service has been developed and designed 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The registered manager and compliance manager had a range of audits which, along with the area manager, checked all aspects of the care provided. However, we found that medication audits had failed to check signatures in relation to medicines.

Risks associated with people's care needs had been assessed and planned for. Support planning was comprehensive and covered all aspects of people's care and support and also their activities and aspirations.

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

Positive behavioural support plans were comprehensive and thought through by staff who knew people well. There were comprehensive risk assessments and a full communication profile. Reviews were planned and the information was kept current and relevant to each person living at the service.

The service has been developed and designed 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People received caring and compassionate support from staff who had the appropriate skills and knowledge to carry out their role. We found that staff were passionate about the work they did and people using the service were at the forefront of everything they planned. This included staff thinking of innovative ways that people could achieve outcomes despite challenges.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's rights to make their own decisions was respected. People were supported to access healthcare services when needed. People had enough to eat and drink and staff encouraged healthy eating.

People received personalised support based on their assessed needs and preferences. Staff knew how to support people in a way that they preferred. People knew how to complain.

The service was managed by a registered manager who had a very clear vision about the quality of care they wanted to provide.

Rating at last inspection: This service was registered with us on 25/07/2017 and this was the services first inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always Safe	Requires Improvement ●
Is the service effective? The service was Good	Good ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was Responsive	Good ●
Is the service well-led? The service was Well-Led	Good ●

Tigh Cranntail

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector

Tigh Cranntail is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from partner agencies and professionals.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the Area manager, compliance manager, registered manager, senior care worker and a care worker.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. There was evidence that the Medication administration records had been completed with initials by staff members. However, there wasn't a sample sheet of initials only a sample of their full signatures so it was difficult to know who had administered the medicine. The registered manager addressed this during the inspection.
- Some medicine requires two staff to sign when any medicine is administered. We saw that on several occasions there were missing signatures and on two entries there were no signatures. We reviewed the medicine audits which had been used to oversee the medicines to check they had been administered correctly. However, this area of medicine was not included in the audit. Therefore these errors had not been identified.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding measures in place. Staff had a good understanding of safeguarding. One relative told us "The staff are wonderful and I have no doubt that [name] is kept safe."
- Two members of staff are attending the Safeguarding Ambassadors training. This will support other staff with safeguarding concerns and also keep them up to date with new initiatives staff knew about the whistle blowing procedure and one staff member told us that they wouldn't hesitate to take action if they felt that they needed to.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed. There had recently been an incident in relation to the window restrictors. This had been rectified and we saw that monthly checks were taking place regularly and had been prior to the incident.
- Risks were assessed through robust support planning this included environmental risks and when people engaged in activities. .
- Staff understood when people required support to reduce the risk of avoidable harm. People were supported to access the community and we saw evidence in their care plans of clear guidance on how they were enabled to remain safe.

Staffing and recruitment

- There were sufficient numbers of suitably trained staff to meet their needs appropriately.
- Safe recruitment procedures were followed but some improvements were needed with regard to noting that DBS and proof of identity. The information was stored at the head office so we couldn't clearly see how this information was verified. We did obtain the information and saw that appropriate checks had taken place.

- One relative told us "The staff are just the best [name] is well cared for by regular staff, and they don't have a big turnover of staff either."

Preventing and controlling infection

- We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available, which we observed during the inspection. We also found that bathroom contained soap and handtowels in addition to visible instructions about correct hand washing techniques.

Learning lessons when things go wrong

- We saw evidence that the management team had robust improvement and quality monitoring procedures in place for all aspects of the service, however, this did not cover all aspects of medicines monitoring. There was a compliance team who carried out independent audits on the service and the area manager also had oversight.
- The registered manager told us that they had received one complaint from a neighbour and they were able to talk through how they met and resolved the issues.

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.

This meant 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 comprehensively assessed and regularly reviewed, this included the outcome people hoped to achieve from planned care and support. This was carried out in partnership with relatives and professionals.
- One relative told us "Staff are well trained and very kind and caring, they know what [name] likes to do and they plan activities regularly."
- Staff we spoke with were knowledgeable about the support needs of people they worked with. One staff member said "We plan activities together and ensure that the risk assessments are in place."

Staff support: induction, training, skills and experience

- Staff were supported well they received regular supervisions and were supported in a less formal way by the registered manager. Staff told us "We need to be able to rely on each other especially when it is challenging, I feel massively supported by management."
- Staff had a comprehensive induction and training plan and shadowed more experienced staff when recruited to the service. People who live at the service are involved in interviewing people where possible. This gave them the opportunity to meet people who may be supporting them in the future and share their opinion as to the suitability of the candidate from their view point.
- Staff were trained well in all mandatory areas and specialist training to enable them to support people with complex conditions. This included epilepsy, autism, challenging behaviour, training was specifically tailored to the people the service supported to give staff the knowledge and information.

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

- People who used the service had a meeting on a Sunday to discuss the menu for the week. Three people required a gluten free diet and there were products available in the kitchen which were clearly labelled.
- People were encouraged to get involved with food preparation and there were plans in place to change part of the kitchen so that it would be easier to supervise meal preparation and cooking.
- The service was engaged with a healthy eating initiative called 'Farm to Folk'. They have been developing raised beds in the garden where they grow their own vegetables and herbs. People at the service have been consulted about this and were happy to engage with the initiative.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans. People's relatives had been involved in supporting them to attend appointments where appropriate. We saw evidence of positive relationships with the management team, and relatives told us that the staff and managers were lovely, and they trusted them completely to look after people living at the service. One

relative told us "They involve the GP when necessary and other specialists when required, I attend most of the appointments but there is always a member of staff who also attends who knows [name] well,"

Supporting people to live healthier lives, access healthcare services and support

- Support plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all this information was detailed in the support planning and staff were made aware of any changes where needed.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 freedom and liberty in the community by the Court of Protection. At the time of our inspection applications had been made and approved by the court of Protection as people did not have the capacity to make decisions regarding care and treatment.
- When people lacked capacity they received an assessment which was specific to the decision.

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; equality and diversity

- People had effective relationships with staff who provided their care and support. Some people were not able to communicate verbally, staff used a range of ways to communicate with those people. For example, using pictorial information leaflets including the daily and weekly activities which were displayed in the office and in people's rooms.
- People were encouraged to enjoy activities which they wanted to do, and staff worked at making the activity accessible to them.
- We saw that staff interacted with people in a kind and caring manner. They encouraged people to be involved in different activities and worked to help people to achieve good outcomes.
- Where people have previously been in a more secure environment. Staff have worked with them to develop confidence and reduce challenging behaviour. They work so that they are able to access the community and enjoy going out for meals and go shopping. This has made a very positive difference to the quality of life they enjoy at Tigh Cranntail.

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

- People were enabled to make choices about aspects of their care where they had capacity to make that decision. People were given the opportunity to choose their meals and plan activities. People also had a way of planning activities out so they knew what was happening on a given day.
- Families, professionals and staff were involved when decisions were made about different aspects of care and treatment. One relative told us "There is a really settled staff team which makes a massive difference."
- Staff worked with people to ensure they were able to attend health care appointments. For example, one person was nervous when visiting the dentist. Staff worked to desensitise the anxiety. This was carried out over a long period introducing the visit on a step by step basis. Initially visiting the dentist and then sitting in the chair. This has proved successful and the person was able to receive a dentist check up and receive guidance on how to look after their teeth and mouth care.
- The registered manager shared a piece of work they were doing with one person regarding anxiety and challenging behaviour when involved in an activity. They have developed an initiative called "Time to Talk" which was developed by the person, the family and staff. This gives the staff designated time leading up to the activity to talk about it or talk through past activities. This helps to reduce anxieties and behaviours that challenge so that the activity can be enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke to people in a friendly but polite manner, and knocked before entering people's rooms.
- Personal records relating to people were stored securely and only accessed by staff or people who

needed to view the information. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found that people received a comprehensive assessment of their needs prior to living at the service, to ensure that they could safely and effectively meet their needs. Staff were given specific, detailed guidance and full training to best support the individual needs of each person living there. Support was tailored to the person and staff were recruited with involvement from people living at the service. This meant that people received care that was, responsive, person centred and enabled people to live their lives in a way that reflected their wishes, independence and lifestyle.

- People using the service had a comprehensive support plan and a health action plan. The planning was comprehensive, and person centred showing how people liked to be supported.

The provider had worked to ensure information was accessible to people using the service by using easy read formats and including pictures of what people liked to do and activities they liked to be involved in.

- Care planning was comprehensive and regularly updated. Staff told us, and we observed, that care records were 'live' documents which were constantly updated following changes in people's care successes with treatment plans, challenges or other incidents. This meant that people received care that was very responsive and accurately reflected their current needs.

Improving care quality in response to complaints or concerns

- Regular meetings with families, staff and management were held to ensure any issues were raised and dealt with as soon as possible.

- The registered manager had a good relationship with families and professionals involved in the care of people living at the service and if anyone had any concerns or complaints, they were dealt with at the time.

End of life care and support

- People living at Tigh Cranntail were mainly younger adults, however they had complex needs which required specialist input from professionals. The registered manager told us that they discuss end of life care but not all people want to write a detailed plan. Those who wished to have a plan had been supported and their wishes documented.

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; and how the provider understands and acts on duty of candour responsibility

- The management team showed us evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person-centred, high-quality care tailored to the needs of people living at the service. They also monitored training and development of the staff and ensured that they had appropriate tailored training to support individual complex needs. Staff had their competency assessed in different aspects of their role including medication
- Management empowered staff to realise their potential within both their role in the organisation and their plans for people living at the service. This included various activities which people enjoyed. Activities were diverse and engaging. One person was learning a different form of communication which involved spelling words out to communicate.

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

- The registered manager consistently met their regulatory responsibilities. For example, the submitted statutory notifications on-time to CQC following significant events at the service.
- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people.
- Managers and staff took pride in their work. Relatives told us that the standard of care had changed people's lives and been successful in presenting new opportunities.

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

- Relatives were consistently engaged in the service and their views sought on every aspect of care and support. One relative told us "I take [name] out one day a week but I get a weekly report telling me what they have been doing for the time I am not there."
- Management and staff are continually working to improve the lives of people being supported by the service.

Continuous learning and improving care

- Training is readily available in specialist areas and staff are keen to learn and grow in their roles. Staff told us "The training is really extensive some of it is online."
- The provider had sourced new physical intervention training which they felt was a better fit for the service. They were looking at ways in which they could reduce behaviours which challenged throughout the service

to reduce any type of physical intervention being necessary.

- They were promoting the STOMP initiative. This refers to the over use of medicines.. They were having some success and have already reduced one medicine which had had a positive impact on the person.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required and this was monitored as to its effectiveness. The provider has a speech and language therapist who regularly worked with people at the service.
- Staff told us that they had enjoyed attending the summer fayre at the local school and getting involved in other activities and events in the area.