

Kisimul Group Limited

Kisimul Supported Living Surrey

Inspection report

Kisimul Supported Living Surrey
CityHouse Sutton Park Road
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Tel: 02083984367

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Kisimul Supported Living Surrey is a care service providing personal care to people in one supported living service in Surbiton. At the time of the inspection 2 people were receiving personal care who both had a learning disability and/or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service supported this practice. People received the right support in relation to their medicines and the provider had good oversight of this. People were involved in planning their care and received care how they preferred, such as personal care and their choice of meals. People were supported to be as independent as they were able and wanted to be.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received the right support in relation to risks, such as those relating to a learning disability and/or autism. There were enough staff to support people safely. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). People were treated with dignity and respect and were given the privacy they needed. People were encouraged to raise any concerns or complaints, and these were responded to appropriately.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider understood their requirement to notify CQC of significant events as required by law. The registered manager and staff understood their roles and responsibilities. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff were well supported by the

provider through induction, training, supervision, and meetings. People were supported to live healthy lives.

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

Rating at last inspection

This service was registered with us on 6 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted because of the length of time since the service registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Kisimul Supported Living Surrey

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager was in post.

Notice of inspection

This inspection was announced. We gave the service 2 working days' notice of the inspection. This was because we needed to be sure a senior person would be available to support the inspection. We also

needed to obtain consent from people using the service to visit their home where they had capacity to give consent.

The inspection activity started on 14 June 2023 by visiting 1 supported living service.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider was not asked to complete a 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. We used all of this information to plan our inspection

During the inspection

We observed interactions between staff and people as people were unable to provide us with verbal feedback. We spoke with the registered manager and a senior support worker. We reviewed a range of records including care and staff records and records relating to the management of the service. We spoke with a relative via the telephone.

Is the service safe?

Our findings

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

This is the first inspection of this new service. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- The provider ensured risks specific to people were assessed with clear guidance in place for staff to follow. This included risks relating to learning disabilities or autism. Staff understood people's risks well and how to support them.
- People were carefully supported to take risks to increase their quality of life. For example, people were supported to access the community with staff support so they could have a range of interesting experiences.
- Staff were trained in understanding and supporting people in distress, with intensive training.
- Staff understood how to respond to accidents and incidents and received training on this. Systems were in place to record and review accidents and incidents and to improve the service as part of this.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. Staff were encouraged to raise concerns with the management team, the local authority safeguarding team or CQC, or to whistleblow to a team at the head office if they preferred.
- The registered manager received management-level training and understood their responsibility to report any abuse to the local authority safeguarding team as required and to follow their guidance in supporting investigations, to make any necessary improvements and to share learning with staff.
- Staff received annual training on how to recognise abuse and to take the right action. Staff understood their responsibilities in relation to this.

Staffing and recruitment

- There were enough staff to support people safely. We observed this and a relative told us this. People had individual staff hours calculated by their funding authority and staffing was set according to this. Staff were not rushed. Recruitment was ongoing to meet the needs of people soon to move into the service.
- The provider carried out recruitment checks including an interview to check suitability to work with people at the service and checks relating to criminal records, references, employment history exploring all gaps, fitness to work, right to work and identification.
- The provider carefully checked agency staff had been recruited through suitable processes by their own agency.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE). All staff were assessed every 6

months as competent at hand washing to reduce the risk of infections.

- Staff also received training in food hygiene and followed best practice.
- The provider checked infection control and food hygiene practices to ensure staff followed current guidance.

Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well, and staff had reliable guidance to follow.
- Staff received training in managing medicines safely with a competency check every 6 months.
- Our checks showed people received their medicines as prescribed. Medicines administration was recorded in line with best practice.

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 is the first inspection of this new service. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities in relation to the Mental Capacity Act well. They had contacted the local authorities to request assessments for deprivation of liberties for people as required.
- People received care in line with the principles of the MCA. The provider carried out MCA assessments in relation to specific decisions when they suspected people lacked capacity. The provider held meetings with key people to decide what should be done in people's best interests when they lacked capacity.
- Staff received training in the MCA and staff understood their responsibilities in relation to this.

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

- People's needs were assessed by the provider. Before providing care to people the registered manager and staff spent time with the person to learn more about them and to learn from staff who were already working with them.
- Visits were arranged to help the person adjust to the Kisimul service. The registered manager also reviewed any professional reports to check they could meet the person's needs.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care.

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

- People received the healthcare support they needed with staff support tailored to meet their needs.
- People were supported by staff who understood their healthcare needs and supported them to attend appointments to maintain good health.

Staff support: induction, training, skills and experience

- Staff were well supported. Staff received supervision from their line manager and regular team meetings were held. Staff told us they felt well supported.
- Staff received regular training in various subjects including medicines management, MCA, positive behaviour support and learning disabilities and autism which helped staff understand their roles and responsibilities. Staff received training in people's specific needs such as epilepsy,
- New staff completed an induction which included training in key topics and shadowing to understand people and their job roles. Staff new to care completed the care certificate, a nationally recognised qualification for staff new to care. The provider supported staff to complete diplomas in health and social care, including leadership qualifications for senior and aspiring managers.

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

- Staff prepared a menu plan for each person based on their dietary needs and preferences. If people had capacity, staff were available to support people to menu plan.
- People were offered a choice of meals at the point of preparation and did not have to follow their meal plan if they chose not to. People were offered a choice of drink through the day.
- People were supported to take part in food shopping and preparing meals to the extent they were able and wanted to.

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

This is the first inspection of this new service. At this inspection this key question has been rated good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- Staff worked carefully to understand why a person became extremely distressed in a certain situation and found a solution to prevent their distress. Night staff read a person a bedtime story each night as this was their preference.
- Staff engaged very well with a person by repeating their vocalisations. It was clear the person felt connected and happy when staff did this.
- People were comfortable with the staff who cared for them. We observed people readily approaching staff to engage with them socially. Staff knew people well and people benefitted from consistency in the staff who worked with them.
- Staff were respectful towards people and treated people in a dignified manner. We observed this and staff told us the importance of this.
- Staff spoke about people kindly and it was clear they understood people's needs and preferences well. A relative told us, "[My family member] seems to be happy and content. The staff are all very attentive and very caring. They seem to understand her and her needs."
- Staff encouraged people to be as independent as they were able and wanted to be and to improve and maintain their daily living skills.
- Staff received training in equality and diversity to help them understand the importance of this in caring for people. People were provided with food from their ancestral countries if they wanted this. A person was encouraged to wear clothes and watch TV shows from their country of origin as this made them happy.

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

- People were encouraged and supported to make their own choices about their care, such as their food and drink. People required support in the community to keep them safe but staff were available so they could leave when they wanted to.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and how they wanted to be supported in relation to food and drink.

Is the service responsive?

Our findings

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

This is the first inspection of this new service. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and detailed their needs and preferences, backgrounds, personalities, those who were important to them and how they preferred to receive their care.
- People were involved in their care planning as they were based on their known needs and preferences through staff working with them and their obtaining information from their previous placements and their families.
- Staff understood people's individual needs and preferences well through working closely with them. Staff made a strong effort to understand people, their behaviours and triggers and carefully tailor their care.

End of life care and support

- No one at the service was receiving end of life care. However, training was available to staff if necessary.
- People could be supported to plan the end of their lives, with their loved ones, if they wanted to and had capacity to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual activity programmes based on their interests. Staff supported people on activities most days as an agreed part of their care. Group activities and trips were also arranged.
- A person was supported to maintain a friendship with a person in another Kisimul service from a similar background with regular visits and activities together.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider considered people's communication needs and how to meet them as part of care planning.

Improving care quality in response to complaints or concerns

- Although no complaints had been received, the provider had a complaints procedure in place which involved reviews by the registered manager and senior managers.
- People could only raise concerns through their behaviours and staff received training to understand what

they were communicating and how to find a solution.

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.

This is the first inspection of this new service. At this inspection this key question has been rated good. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and knowledgeable with a background in a range of social care services. The registered manager was supported by their team and specialist operational teams. Staff felt supported by the provider. A relative told us, "The registered manager is dedicated, focused and enthusiastic. I'd have to give them 10/10 for keeping everything on track."
- The registered manager understood the requirement to send us notifications as required by law.
- The provider had suitable systems to monitor the quality of care people received with a range of checks and audits of all areas, carried out by a range of people who visited the services regularly to inspect and support on any improvements needed.
- The provider promoted continuous learning and development for all staff with a wide range of courses. Staff were encouraged to develop themselves and pursue promotions within the organisation were encouraged.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Care was provided to people in a person-centred way. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them. People with learning disabilities and autism were supported to set and achieve goals that were important to them, considering their unique strengths and abilities.
- The provider ensured staff learnt to understand what people were communicating without words and that their care was reviewed to ensure they led the lives they wanted to live.
- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged with the organisation.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The provider communicated with external health and social care professionals to ensure people received the care they needed.