

Kisimul Group Limited

Dannsa 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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Dannsa House is a residential care home registered to provide personal and nursing care for up to 5 people. The service provides support to people who have learning disabilities and/or autistic people. Nursing care was not being provided at this care home. At the time of our inspection there were 4 people using the service.

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

Right Support

The staff supported people to have the maximum possible choice and control over their own lives. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

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.

Right Care

Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff valued and acted upon people's views. The manager ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 October 2022).

We also issued the provider with a Warning Notice in respect of staffing issues which required swift improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider had complied with the requirements of the Warning Notice and was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked if the provider had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For the Caring key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dannsa House on our website at www.cqc.org.uk.

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 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.

Dannsa 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. 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection, we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Dannsa House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dannsa House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the manager was in the process of applying to CQC to be registered as the

manager of Dannsa House. They were notified their application had been successful shortly after our inspection site visits had taken place.

Notice of inspection

The inspection site visit on 24 May 2023 was unannounced. We returned on 26 May 2023 to complete the inspection site visit. We gave the service 24 hours' notice of this second site visit. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We observed staff interactions with the 4 people who used the service. As the people were unable to communicate verbally, we spent time observing their body language during their interactions with care staff to help us understand the experience of people who could not talk with us. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

We spoke with 9 members of staff including care staff, agency care staff, senior carers, the manager, and interim area manager. We reviewed a range of records. This included elements of 4 people's care records and a sample of people's medication records. We looked at 5 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. We looked at training data and quality assurance records.

We received feedback about the service from 2 external professionals who had recent and ongoing involvement with the service. We received feedback from 5 relatives of the people who lived at the care home. We also received feedback, by phone or email, from 6 staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

One of the purposes of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We found the provider had met those specific Warning Notice requirements.

Staffing and recruitment

At our last inspection the provider failed to ensure sufficient numbers of suitably trained, competent, and skilled staff were deployed to meet people's identified care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part3).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by care staff who had received the necessary training to enable them to meet people's complex care needs. This helped ensure people received safe care. This was an improvement since our last inspection.
- The provider still used agency care staff due to staff vacancies. However, the manager aimed to use the same agency staff on a regular basis, so they developed an understanding of people's individual care needs.
- Some relatives told us the provider's 1:1 staffing arrangements were not always effective. A relative told us, "Staff often work long shifts with [person] on a 1:1 which is too much for any staff member to cope with. I think they need to break it up and share the 1:1 out a bit." However, improvements had been seen by another relative who told us, "There have been a lot of staff changes, but things seem more settled now."
- The manager had copies of individual agency staff records, so they were assured agency staff had been safely recruited by the care agency company. This was an improvement since our last inspection.
- The provider had a recruitment policy and procedure in place, and pre-employment checks were routinely carried out. During the process of the inspection, we saw the provider made improvements to the accessibility of these staff records. This meant the manager then had easier access to staff records, which helped the manager ensure staff employed were suitable to work with vulnerable people.
- Relatives told us that although the staffing situation had improved a little since our last inspection, they were still concerned that the service relied heavily on temporary agency staff. Families were concerned the situation may deteriorate if an additional person was to move into the care home. The manager told us they were not currently planning on admitting any new people to live at the service until they had resolved their staff vacancy issues.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse or neglect because staff worked regularly with them and understood how to protect them.

- Staff received training on how to recognise and report abuse and they knew how to apply it. The provider's safeguarding policies and procedures supported this.
- Staff noted any unexplained injuries on the provider's incident recording system. This included body maps. The manager reviewed the incident reports to determine potential causes and identify any lessons learned to reduce the likelihood of recurrence.

Assessing risk, safety monitoring and management

- The provider had reviewed their safety arrangements to protect people from the risk of scalding by hot water. This was prompted by a serious incident, accidentally causing injury to a person, which had occurred at the care home after our last inspection.
- The provider assessed people's individual risks. Those risk assessments were used in the development of people's individual care plans which guided staff practice.
- The provider carried out routine environmental checks and ensured essential equipment was maintained and serviced appropriately.

Using medicines safely

- Medicines were safely managed. People were supported by staff who followed the provider's systems and processes to administer, record, and store medicines safely.
- People received their medicines as prescribed and were reviewed by their GP. This helped ensure people were not receiving unnecessary medicines.

Preventing and controlling infection

- People lived in a care home which was generally clean, hygienic, and well maintained. The manager had cleaning schedules in place to guide staff to maintain the cleanliness of the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider had arrangements in place to admit people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, following the scalding incident the provider had cooperated with the Local Authority Safeguarding Team to investigate the causes and circumstances of the incident.
- The provider also shared the learning from this incident with their other care homes and services, which should help to reduce the likelihood of recurrence.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. 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 care plan information was mainly stored on the provider's electronic care records system. This meant staff could view important information through the electronic devices they had access to when at work.
- People's individual key support information was also summarised onto paper 'grab sheets'. These were available to staff as a quick reference guide in addition to the electronic care plans.
- People's care plans were seen to be generally up to date. The inspector discussed with the manager the importance of linking people's risk assessments to their care plans, so staff could understand how a care plan had been developed. The manager took immediate action to ensure that people's care plans signposted staff to people's relevant risk assessments.
- The provider reviewed people's care plans regularly and when people's needs changed. For example, a person's care plan had been immediately amended, pending a formal speech and language therapist assessment, after concerns about a potential choking risk had been raised.
- People's relatives were recognised by the provider as having a role in advocating on behalf of the person, in relation to decisions which the person may not be able to make for themselves.
- Regular agency care staff told us they understood people's health support needs, and we saw evidence of the training they had received. This was an improvement on the situation at the previous inspection and reduced the risk that people might not receive the emergency support they needed in a timely manner.

Staff support: induction, training, skills and experience

- Regularly used agency care staff received training to help them to meet people's complex care and communication needs. This was an improvement since our last inspection.
- People were supported by staff who had received relevant basic care training and most staff had received appropriate specialist training to help them meet people's individual care needs.
- For example, a staff member told us, "I received all the training I needed to support the residents safely and with the correct knowledge of their needs."
- The provider's arrangements for recording the training that staff had received had improved. This meant the provider was better able to monitor staff training needs.

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

- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.
- People's meals were prepared by care staff and appeared appetising and the menus varied.

- Staff knew about a person's food allergy and understood what they needed to do to prevent the person encountering that type of food, and the emergency action they would need to take if the person did.
- People had access to their favourite snacks and drinks. Staff understood people's support needs in respect of their snack preferences, and any agreed limits which needed to be in place in the person's best interest.

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

- People's health conditions, and related care needs, had been assessed and staff had detailed guidance of the support people required.
- There was clear evidence in health action plans where professionals had been involved. We saw that there were regular appointments with external healthcare agencies such as dentist, hospital, and GP.
- Relatives told us the manager, and senior care staff, promptly contacted external health care professionals if it was identified that a person needed specialist support. Relatives told us this improvement happened when the current manager had started their role at the care home.

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

- People lived in a care home environment which was homely, and people appeared to be comfortable in their surroundings.
- People could access the garden which contained a trampoline for people to use, as well as areas where people could sit and relax outside.
- The provider had ensured the decoration was suitable for the specific people who lived in the care home, and the environment was calm and uncluttered.
- People's bedrooms were personalised and reflected each person's interests and needs. For example, a person had a bed system in place which was clearly robust and chosen to meet the person's specific needs. However, the design of the bed was modern, attractive, and did not look out of place or institutional.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place in respect of restrictions placed on people's liberty.
- Any conditions specified as being required in people's individual DoLS authorisations were being met.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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 had individualised care plans in place as a guide for staff on how to meet people's care needs and preferences.
- Staff had access to people's care plans. A staff member told us, "Our manager provides us with a quick read 'grab file' with all information on the residents. All care plans are accessible to all staff. Staff are told if care plans or risk assessments have been changed, or updated, and are asked to reread them."
- People made decisions about what they wanted to do in the care home. Staff were allocated to each person and were observed supporting each person when they needed it.
- For example, a person indicated they wanted space to carry out a leisure activity by themselves. Their staff member recognised this and moved away. They continued to observe the person from a distance, and re-engaged with them when it became clear they had finished with their leisure activity and wanted to do something else.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The care home was supported by external speech and language therapists who provided guidance on how staff should support people to communicate and how to use various communication aids and equipment.
- Having staff vacancies, and needing to use agency staff, meant there were sometimes inconsistencies of approach. A speech and language therapist told us, "Using a communication aid requires staff to use the aid to encourage [person] to use it functionally. We feel that staff are not consistent in supporting this."
- The provider mitigated those potential inconsistencies by ensuring each person had individualised communication support plans in place, which detailed how people preferred to communicate.
- People used a mixture of body language, gestures, sounds, and individualised sign language to communicate. Staff told us they had learnt how each person communicated and we saw staff communicating with people about various domestic matters and activities.

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 were supported to maintain contact with their families. Family members visited people in the care home and people also visited family homes and took part in family events.
- People were supported to take part in a range of activities, away from the care home, which they enjoyed. For example, visits to a pool for swimming and hydrotherapy sessions.
- Some people had their own portable electronic equipment which they used for entertainment and relaxation purposes.
- There had been issues previously when a person's electronic equipment had been repeatedly damaged by other people. A family member told us this had happened despite the person being supported by staff at the time. The family member told us the manager had since put in place better arrangements to safeguard people's property and had arranged for the damaged item to be replaced.
- People were able to make use of the garden area which was safely enclosed. We observed people making use of the garden trampoline which appeared to be a favourite activity for some.

Improving care quality in response to complaints or concerns

- The provider investigated any concerns which had been raised about aspects of the care provided at the service and implemented improvements where necessary.
- For example, the provider had reviewed their hot water safety arrangements because of lessons learned after a scalding incident at the care home. The provider had shared the learning from that incident with their other care homes.
- Relatives told us the manager was easy to contact and responsive if they needed to raise any concerns. A relative told us, "The manager clearly demonstrates that they want to improve the service, and senior staff, such as the managing director, are approachable."
- The provider had a complaints policy and procedure and we saw that it was used appropriately, with details recorded of the action taken to resolve any complaints or concerns.

End of life care and support

- No one was in receipt of end of life care at the care home at the time of the inspection. The manager told us people's care plans would include end of life plans if that became something which was assessed as required for specific individuals.
- The provider had a suitable end of life policy and procedure in place to guide staff.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt supported and valued by their manager. A staff member told us, "The manager is highly professional, supportive, and responsive. Their strong leadership skills and dedication to the residents and staff create a positive work environment that promotes effective care delivery."
- People received support from care staff who wanted them to achieve positive outcomes. A staff member told us, "The compassionate and dedicated staff members consistently go above and beyond to provide personalised care, ensuring the well-being and happiness of the individuals in their care."
- The manager spent time with staff discussing behaviours and values. The manager occasionally worked directly with people and led by example.

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

- The provider shared information with people's relatives when things had occasionally gone wrong. The manager ensured people's relatives were notified about any issues and incidents.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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

- Most care staff working at the care home at the time of the inspection were agency workers. The provider aimed to mitigate the risks of potentially inconsistent care by mainly using regular agency staff and provided them with the necessary training to support people effectively.
- Although still reliant on a significant number of agency staff, the provider had successfully recently recruited a few more permanent staff and casual 'bank' staff. The provider recognised the recruitment of permanent staff helps reduce the risks of inconsistency in care and potentially improves quality performance.
- However, staff told us the provider's attempts to recruit staff was hampered by a slow recruitment process. For example, a staff member told us, "[The provider] should make it easier for agency staff to transition over to permanent contracts here. It seems to be a very long process." Another staff member told us, "They need a new recruitment process. It can take up to three months here, and people wanting a job can't afford to wait that long."

- The provider's systems for quality monitoring the training requirements and compliance of all staff employed at the care home had improved since the last inspection.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of regulatory requirements and people's needs in the service.
- A staff member told us, "I feel the manager is supportive, kind, honest and has worked extremely hard within the service to improve the standards to the best of their ability in the short period of time they have been in the service."

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

- People were supported, as far as possible, to have their say on the care they received. Staff received training in communication techniques, and we saw staff involved people in making day to day decisions.
- The provider's staff received appropriate equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

Continuous learning and improving care

- The provider had put in place mitigation, to try and reduce the impact of high numbers of staff vacancies on the basic physical care support people received. The provider had booked regular agency care staff so staffing numbers could be maintained.
- The provider had considered the findings of our previous inspection report, and local authority quality audits, and had made improvements to the service.
- Relatives told us they could see concerns had been listened to. For example, a relative told us, "Dannsa House does provide a good homely setting for residents with access to a variety of different outside activities and, if the improvements continue as they have recently, then we feel it will continue to be a suitable home for our [relative]."

Working in partnership with others

- Relatives were involved in the review of people's individual care plans. Communication with relatives had improved since our last inspection. A relative told us, "Things have been a lot better since [manager] took over. They seem to be on the ball and know what they are doing."
- The manager and staff worked well with external health professionals. An external health care professional told us the manager and staff welcomed and listened to advice and guidance, but that sometimes the implementation of the advice wasn't always as consistent as it could be.
- The provider had arrangements in place to ensure that they fully engaged with any safeguarding enquiries being carried out by the local authority safeguarding team. The provider demonstrated an open and partnership approach.