Kisimul Group Limited

Tigh Coilean

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 9 August 2017.

Tigh Coilean is registered to provide accommodation and personal care for six people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were six people living in the home.

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.

This was the services first comprehensive inspection. At this inspection we found the overall quality rating for the service was Good.

People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe from the risk of abuse. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Accidents and incidents were recorded and investigated. Medicines were safely managed and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people.

Staff had received training and support and they knew how to care for people in the right way. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. This included knowing how to communicate with people who did not use verbal communication.

People enjoyed their meals and had choices about what they wanted to eat. People had access to drinks and snacks during the day. Where people had special dietary requirements we saw that these were provided for. People had access to healthcare and were supported to access these.

People were supported to make choices and be involved in decisions about their lives. Care staff supported them in the least restrictive way possible. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

People were treated with compassion and respect. Care staff recognised people's right to privacy and

promoted their dignity. There were arrangements to help people access independent lay advocates if necessary and confidential information was kept private.

People were supported to pursue their hobbies and interests. They were supported to maintain relationships that were important to them. There were arrangements in place for dealing with complaints. People were supported to make complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team work was promoted and care staff were supported to speak out if they had any concerns.

The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

Further information is in the detailed findings below.

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.

Medicines were administered and managed safely.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005.

Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met. People were supported to have choices at mealtimes.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised.

People had access to activities and leisure pursuits.

The complaints procedure was available and people were supported to make a complaint.

Is the service well-led?

Good

The service was well led.

The provider had told us about significant events that had occurred in the service.

People had been consulted about the development of their home.

Quality checks had been completed.

Good team working was promoted and care staff were able to speak out if they had any concerns.

Tigh Coilean

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and the improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 9 August 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection visit we spoke with one senior care staff, a project manager, the registered manager, the area manager and a compliance officer. We observed care that was provided in communal areas and looked at the care records for four of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance. In addition, we spoke by telephone with two relatives.

Good

Is the service safe?

Our findings

People who lived in the home were cared for safely. Although most people were unable to tell us verbally if they felt safe we observed care and saw people were happy with the support staff provided. Relatives were satisfied that their family members were safe in the service. One relative said when we asked if they felt their family member was safe, "Yes definitely safe." A member of staff said, "Would report anything less than caring."

Records showed that care staff had completed training in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff knew how to contact external agencies such as the Local Authority. They said they would do so if they had any concerns that remained unresolved.

Individual risk assessments were completed. Where people had specific health needs, such as epilepsy risk assessments had been completed to ensure staff were aware of how to keep people safe from harm. In addition, records showed that processes were in place to support people to manage their personal spending money. Individual risk assessments and plans were also in place to support people in the event of an emergency such as fire or flood. Accidents and incidents were recorded and investigated to help prevent them happening again.

Medicines were administered safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Staff had received training and been observed by senior staff to ensure they administered medicines correctly and 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. Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. However we observed in one person's MARs it was not clear whether or not they had been offered their PRN medicine. There was a risk people would not receive their PRN medicines when they needed them. Where people required their medicines to be given to them without their knowledge for example, in food, the provider had put appropriate arrangements in place. However, the medicine policy did not include guidance about contacting a pharmacist which is recommended in national guidance about managing medicines (NICE). The area manager said they would address this.

Staff told us there was usually sufficient care staff on duty to provide people with safe care. The registered manager told us in the event of staff being sick or unavailable they used bank staff who were familiar with the home to ensure continuity for people.The registered manager had recently recruited to vacancies at the home. We observed staff responded promptly to people.

Records showed that the registered person had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional

misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

Good

Is the service effective?

Our findings

People were unable to tell us if they felt staff had the skills to meet their needs. However we observed that staff cared for people appropriately and were aware of how to support people to meet their needs. Relatives told us they thought staff had the skills to care for their relative safely. A member of staff told us, "The training team is very supportive." They said they had received specific training which helped them to understand people's needs. For example, training had been delivered by RNIB as one person had a visual disability. Staff had received training on a range of issues relevant to people's care. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff were happy with the support they received from other staff and the registered manager of the service and told us they felt they had appropriate skills to carry out their role. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience. Staff also had access to nationally recognised qualifications.

New staff received an induction and when we spoke with established staff they told us that they had received an induction and found this useful. As part of the induction staff were supported by a more experienced staff member until they felt confident to provide care to people. The induction was in line with the National Care Certificate which sets out common induction standards for social care staff.

People were supported to make choices and were involved in planning meals. Staff ensured that people had enough nutrition and hydration. In addition, people were being helped to promote their health by having a balanced diet. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care and equipment had been put in place. For example, where people had allergies or particular dislikes these were highlighted in their care plans. Snacks and drinks were available to people throughout the day.

Records showed that staff supported people to safely manage and live with particular health care conditions. We also noted that people had been supported to see their doctor and other healthcare professionals such as dentists, psychologists and opticians. People had individual Health Action Plans to ensure there health needs were met and if they required admission to hospital information was available to other professionals.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. For example, where people were unable to manage their own finances or required specialist equipment to keep them safe.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had obtained the necessary authorisations and so had ensured that people only received lawful care. At the time of our inspection there was no one subject to a DoLS, however, appropriate applications had been made.

Good

Is the service caring?

Our findings

We observed care and saw people appeared happy with the care they received. We saw people were asked at the home meeting if they felt safe and they responded positively to this question. One person was recorded as stating, "Feel safe with staff and in my bedroom." They were also recorded as saying they had no complaints and enjoyed living at the home. A staff member told us, "We are assisting people to navigate life." They told us, "Don't tolerate anything but utmost respect and kindness."

We observed positive social interactions with people and staff taking time to engage with people. For example, when encouraging a person to have lunch staff repeatedly explained to them that lunch was ready. This was done using simple language as detailed in the person's care record and continued until they responded. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people.

When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. For example a person required support around eating snacks throughout the day and staff supported the person according to their plan of care in order to ensure they received snacks in a safe way. We saw care records included information about people's choices and how they liked to be supported. For example a record explained how a person preferred to receive support with personal care. Staff supported people to make choices and used aids such as pictures and electronic devices to assist people with this. For example, one person had recently moved to the home and had not been around when the weekly menu was planned. We observed staff talking with them and checking what meals they liked and if they wanted something different.

We saw that people were treated in a kind and respectful way. People were addressed by their preferred name and staff took time to speak with people. We observed positive interactions with people. For example a person was distressed and staff supported them in a calm and patient manner. They offered alternative activities and interventions to try to distract the person from the cause of their distress. We observed the person responded positively to the support. The provider was in the process of introducing a new method to support people who experienced episodes of anxiety and challenge. All the staff at the home had been trained in these techniques and we observed staff using them throughout the day. A member of staff said, "It encourages you to be concerned about what the person is suffering."

People had their own bedroom which was their own personal space that they could use whenever they wished. We saw care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. We observed a person required support to maintain their dignity and staff calmly provided timely, additional support to ensure their dignity was protected. Staff were aware of the need to ensure information was treated confidentially. Written records that contained private information were stored securely.

Records showed that most people had family and friends to support them. However, for other people there was access to a local lay advocacy services that could provide guidance and assistance. Lay advocates are

people who are independent of the service and who can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Before people came to live at the home they were assessed by the registered manager. In addition people spent time visiting the home to ensure it was the appropriate place for them to live. Each person had a written care plan that described the care they needed. Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated to ensure they reflected people's current needs. Staff told us they regularly updated care records. Staff responded to people's changing needs and ensured these were documented. They told us where people were unable to communicate verbally they used observations to ensure the care people received was what they wanted. A member of staff told us the care plans are 'dynamic'.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support people with communication, for example a record stated, "Have to make sure you get [person's] choice so give them the choice a number of times." A member of staff explained a person was able to choose their choice of DVD and staff were aware of this because if they had the wrong one the person would not settle. The registered manager told us a person used eye movements to make a choice.

Records and photographs showed us that people were offered the opportunity to participate in a range of occupational and social activities. The registered manager told us people had a basic programme of activities available to them on an individual basis but this often changed according to people's choices on the day. Social activities included swimming, tramp lining and visits to the beach and local attractions. On the day of our inspection one person was going to the coast for the day. We also observed an aromatherapist visiting and working with people at the home according to their preferences.

Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships. Staff assisted people to keep in touch with their relatives by telephone and also by using the internet. Relatives told us they felt welcomed at the home. They also told us that staff were open and kept them updated about their relative. We observed staff greeted a family member warmly and chatted with them about their family member. A relative said, "I feel very welcome."

People had been given an easy-to-use document that described how they could make a complaint about the service they received. People were also asked if they had any complaints on a regular basis, for example, at the home meeting. Relatives told us that they had not made any complaints but they also said that they would feel free to do so if the need arose. At the time of our inspection there was one complaint which had been resolved but was waiting to be closed according to a partner agencies policy.

Good

Is the service well-led?

Our findings

Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the home and actions to improve quality of care. The registered manager told us and records confirmed that they regularly checked a range of issues to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

In addition to regular checks the provider had a system in place which could provide responsive interventions. For example, if a specific issue such as a safeguarding incident occurred the provider would look at issues relevant to the incident. In addition, we noted that safety equipment was being checked to make sure that it remained in good working order. Where issues had been identified actions had been taken. The provider was in the process of introducing a new method of supporting people who exhibited behaviours that challenged. We observed staff had been trained in this method. The registered manager was responsible for monitoring the implementation of the new method and told us they had found a reduction in incidents.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. We observed staff assisting each other with tasks throughout the day. A senior manager told us they felt fully supported by the provider. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. A member of staff said, "Always got time. Never feel like you've asked a stupid question." A relative told us they thought the registered manager was approachable.

Relatives told us that they thought the home was well managed. People, relatives and staff were encouraged to influence the running of the home. Staff meetings were held on a regular basis. We looked at records of staff meetings and saw issues such as training and medication had been discussed. Regular staff meetings at which staff reviewed how well the home was performing and suggested ways in which it might be improved were held. In addition relatives and professional views were sought as part of the quality checking process.

Regular home meetings were held where people were supported to give feedback about their home and to suggest improvements. We saw from the minutes of meetings issues such as activities and meals had been discussed. The minutes of the meetings were recorded in words and picture to make them more accessible for people who lived at the home.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us of notifications. Notifications are events such as accidents which have

happened in the home that the provider is required to tell us about.