

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

We conducted an unannounced inspection at Dannsa House on 18 February 2020. Dannsa House provides personal care and accommodation for up to five people living with learning disabilities. It is one of a number of homes run by The Kisimul Group. The service is a large modern house situated in a quiet village location. 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:

People felt safe living at the service. Staff were trained in safeguarding and could spot the signs of abuse and knew who to report to if they suspected someone was at risk.

People were supported by sufficient numbers of staff who were competent, skilled and knew people well. Staff levels were monitored and increased to support people with appointments and activities when required. Safe staff recruitment checks were completed when staff commenced their employment.

The management, administration and storage of medicines was managed well, and people were receiving their prescribed medicines. Medication audits were carried out frequently so that if there were any errors, they were picked up promptly.

Best practice guidance in relation to infection prevention and control was followed and health and safety checks were completed on the environment and equipment.

Staff received comprehensive training and support in their role. This included specialist training specific to the needs of the people using the service. Staff were aware of the healthcare needs of people who they supported and knew how to refer to a healthcare professional if necessary.

People were encouraged to have choice at mealtimes and staff communicated in ways that were appropriate for people. People were supported with their health care needs and accessed external healthcare professionals and services. Information was shared with external healthcare agencies to support people to receive consistent care.

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 care and support had been planned in partnership with them. People and their relatives were consulted and listened to about how their care would be delivered.

People's privacy and dignity was respected, and their independence actively promoted.

People were supported with opportunities to pursue social activities, interests and hobbies. People were supported to identify and achieve personal goals. End of life wishes was being arranged with contributions from close relatives.

Staff had access to policies and procedures that reflected legislation and current best practice. The management team were enthusiastic and had a positive approach to developing the service and looked towards continued improvement.

Quality monitoring and audits were robust and monitored every aspect of the service. These were carried out by the registered manager and senior management. This ensured that if an area of the service required attention, this was done immediately as through the auditing, every aspect of the service was continually under scrutiny.

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.

Rating at last:

This service was registered with us on 25 February 2019 and this was the first inspection.

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

Why we inspected:

This was a planned inspection for this newly registered service.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Dannsa House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection took place, we reviewed the information we had about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. We also contacted the local authority and Health watch to gain their views. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

During our inspection, we spoke with a relative, three staff members, the registered manager and the area

manager. To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments. We also looked at the medicine records, three staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also 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 is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding processes in place. Staff had been trained in safeguarding and knew how to make a safeguarding alert should they need to. Staff knew about the whistleblowing policy and told us that they would challenge anyone who they felt were not treating people with dignity and respect.
- One relative told us "[Name] is supported to do lots of activities and they always keep him safe, I trust the staff and manager."
- One member of staff told us that they had just completed a safeguarding ambassador's course which allowed them to meet with other providers and share good practise within safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when people's needs changed. These explained what actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines.
- Risk assessments had been developed regarding people's lifestyle choices and activities they chose to do. Risk assessments were regularly reviewed with people to ensure they provided up to date information. Staff were knowledgeable about risks associated with people's needs.
- The internal and external environment met people's safety needs. There were ongoing checks of the environment, premises and equipment. This included risks associated with fire and legionella to ensure health and safety standards were being maintained and people were safe from harm.

Staffing and recruitment

- Staffing levels were calculated around a people's needs. There were enough staff to support people safely and to ensure their needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. We saw that medicines were audited regularly. This ensured that if there were any errors they were picked up immediately.
- There was a medication lead who was a senior support worker. They took ownership of the medications and ensured that they were checked, audited and managed correctly.

- PRN protocols were in place for medicine which could be given 'when required'. The information was clear and concise and had a guide to how a person would present if they needed medication such as pain relief.

Preventing and controlling infection

- The home was bright, well decorated and clean. One of the staff was allocated as infection control lead.
- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection control and prevention training, they were seen to use disposable gloves and aprons and the environment was clean and free of malodour.

Learning lessons when things go wrong

- We saw evidence that the management team had robust improvement and quality monitoring plan in place for all aspects of the service. People were encouraged to give feedback and staff told us that management were very supportive and encouraged them to develop.
- Staff meeting records showed evidence of learning from any errors and current best practise guidance on relevant conditions for staff to read.

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 newly registered service. At this inspection the service was rated 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

- We saw robust assessments prior to people living at the service. They took into consideration all support needs and there was a clear journey of the transition into the service.
- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used to assess and monitor people's needs associated with skin care, weight management and oral healthcare. Policies also reflected current legislation and best practice guidance.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider had identified as being necessary. The service also actively sourced training which was relevant to the people who they supported. Staff were actively encouraged to take a lead role such as Health and Safety and infection control.
- One relative told us, "Staff are very competent and are like an extended family."
- One staff member told us "Staff really work together as a team which makes it a productive environment for people, the training is excellent and it's good to take ownership of a specific area of interest." Another told us, "Management are really supportive, we have regular supervisions and meetings."

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

- People were supported to have a healthy nutritional diet. Pictures were used to enable people to have choice at mealtimes as they could point out what they would like and then staff supported people to prepare meals.
- People had an eating and drinking plan in their support planning which explained aspects of diet and nutrition and if a person had any allergies or required alternative choices because of a health condition.
- There was information on allergies and specific conditions which could be diet controlled. One relative told us "They do have vegetables but not sure if there are enough for [Name] needs. It's early days yet and they are very keen to work with us to get the support right."

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

- People's health conditions and related care needs had been assessed and staff had detailed guidance of

the support people required. This included guidance about how a particular health condition may impact on a person and the signs and symptoms of illness and the action required to respond to this.

- There was clear evidence in health action plans where professionals had been involved. We saw that there were regular appointments with specialists including dentist, hospital and optician.

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

- The service was very homely, and people appeared to be very comfortable in their surroundings. The provider had ensured that the decoration was suitable for people on the autistic spectrum and the environment was calm and uncluttered.

- People had been encouraged to have their rooms as they would like them. We were shown some of the rooms and they were very individual, reflecting what that person liked. People's relatives were involved when planning any changes.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. For example, there were capacity assessments around finances, consent to care and treatment and also around transition planning into the service.
- The registered manager made DoLS applications for all five of the people that they supported. This meant no unnecessary restrictions were placed and their rights were protected.

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 newly registered service. At this inspection the service was 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; equality and diversity

- Staff had kind and caring relationships with people. Staff had worked out ways to best communicate with people as people did not communicate verbally.
- Staff treated people respectfully and encouraged people to participate in various activities. The focus was on how activities could be made accessible and trying new things.
- The registered manager and staff worked hard to ensure that people were well treated and optimised opportunities to be involved in new ventures.

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, so they knew what was happening on a given day.
- One relative told us "[name] has opportunities that they have never been offered before and we wouldn't be able to do."
- Families and professionals were involved when decisions were about different aspects of care and treatment, however, staff also had an involvement.

Respecting and promoting people's privacy, dignity and independence

- Staff told us about promoting independence and encouraging people to do what they could, they only helped out when they were needed.
- We observed staff knocking on people's doors and getting permission to enter. People's records were kept securely and only accessed by staff or managers' who needed to access the information.

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 newly registered service. At this inspection the service was rated good.

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

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

- When people started to use the service, an assessment was carried out to ensure people could receive the support that they needed. Once it was agreed that people's needs could be met, individualised, person centred care plans were written. Each person's care plan contained a pen picture which gave an insight into the person's life, what was important to them their interests and personality. The careful management of the transition process by staff and the registered manager had limited people's anxieties and self-injurious behaviour.
- Each person had an activity sampling sheet displayed on the wall. This listed 84 different activities which included things from self-care to rock climbing and using a skipping rope. This had been introduced so that people could experience a wide range of different things. Some were aimed at being more independent and some to broaden their scope of activities. There was an activity sampling staff questionnaire which was used to record if people appeared to enjoy themselves and any aspect that they particularly liked.
- There was a picture exchange communication system (PEC) in place and cards were used to display the plan for the day and menu choices. People were encouraged to use the PEC cards to communicate their choice. The staff worked with professionals in introducing and managing the cards to ensure people became familiar with them gradually to ensure their effectiveness.

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.

- People living at the service had a communication support plan. Information in the plan was in an accessible pictorial format which people could understand. All information and communication was accessible to people using the service. A lot of thought had gone into ensuring that people could make decisions where they could and also be able to communicate as they wanted to so that others could understand what they were saying.
- We saw that there were PEC cards for pain, this included dental pain, cuts, blisters and rash. People could use the cards to show staff if they were feeling unwell.
- One person used objects of reference to communicate. We saw that there was a very clear profile explaining what each object represented so that staff could understand, and the person could have choice and control.

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

- The provider and registered manager openly encouraged relatives and friends to visit the service and be fully involved in supporting people in planning care. Relatives were regularly consulted on all aspects of care and support. We spoke with one parent who said, "I am just supporting them to grow things in the greenhouse, tomatoes and potatoes, they all enjoy it."
- Activities are planned in a person-centred way according to what the person likes to do and what they enjoy. People were given opportunities to broaden their range of activities and try new things. This helped them to explore things they had never tried and also develop new skills to be more independent.
- People's religion was mentioned in the support planning and was on the emergency grab sheets. There were no specific religious or cultural needs at the time of our visit.
- All staff and the registered manager had one-page profiles. This told visiting relatives about staff background, their likes and dislikes and some interesting things about them. It was a good way of introducing a new member of staff and giving people some background information on their skills and experience. There was also a one-page profile for the rabbit who resided at the service.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy and staff explained to people how they could complain if they were not happy, the information was also available in an accessible format. Relatives were aware of the policy but there had been no complaints or concerns made at the time of our visit. One relative told us, "It is so much better now [name] has a place there, I have no complaints but would speak to the manager if I did."
- Relatives were given a monthly newsletter. This contained everything that their loved one had done during that month including activities, professional appointments, any incidents, accidents or behaviours. It included information regarding how things had been managed and monitored. The newsletter also contained pictures of people enjoying various activities that they had taken part in that month.
- The registered manager was Planning to send a questionnaire to relatives annually. This would help the service to gain feedback on what was going well and work on improvements if people thought there were areas for development.

End of life care and support

- End of life plans were comprehensive and accessible. We saw one plan which had a photograph of the person and one of the relatives who they wanted to support end of life. The information was in accessible format and gave the person and relatives an opportunity to state where they would like to be and who they would like to be with at the end of their life. This explained the different terms used when planning end of life such as a will and a solicitor. It also gave information on preferences with regard to religion and music.

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 newly registered service. At this inspection the service was rated 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

- The management team showed 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 carried out night checks to ensure that the service was seamless in delivery all of the time. This also supported staff who worked on night shifts and made them feel valued and part of the larger team.
- Management empowered staff to realise their potential within both their role in the organisation and their innovative plans for people who use the service. This had worked with anxiety and managing challenging behaviour, holidays and outings increasing as staff had thought of ways to enable people to access different activities and try new ones.

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

- There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when there had been an incident that they are legally bound to notify us of. There was a system in place so that the manager could monitor any incidents. The system would highlight the appropriate action had been taken including sending notifications to third parties such as the local authority.

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

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. Staff felt that they were listened to and were able to bring their own ideas to the service to make improvements for people living there. Staff were keen to tell us about their areas of responsibility and how they were trusted to manage areas of specialism such as health and safety and safeguarding.
- Managers and staff took pride in the work that they did with people and it was clear from speaking with relatives and staff they had changed people's lives for the better and been successful in presenting new opportunities.

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

characteristics

- People and their relatives were provided with opportunities to share their views including meetings and regular visits. They also received the monthly newsletter which they could use as a starting point to explore how the month has been managed and how their loved one has been engaged.
- Staff engaged with people in every aspect of their care and ensured that they were at the forefront of everything which happened at the service.
- The staff utilised local services and groups and ensured that the service was part of the community.

Continuous learning and improving care

- Management and staff are continually working to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff are keen to learn and grow in their roles encouraged by both the regional manager and registered manager. The registered manager had been promoted through the service and had a good knowledge of the needs of those using the service.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health and social care teams and that the GP also had a good relationship with the home.