

Kisimul Group Limited

# An Darach Care Lincolnshire

## Inspection report

The Old Vicarage  
61 High Street  
Swinderby  
Lincolnshire  
LN6 9LU

Website: [www.kismul.co.uk](http://www.kismul.co.uk)

Date of inspection visit:  
14 June 2022  
15 June 2022

Date of publication:  
20 July 2022

## 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 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

An Darach Care Lincolnshire is a community supported living service. The service provides personal care support to young adults who live in their own homes independently in the community. At the time of the inspection the service was providing care for 13 people who experienced needs relating to learning disabilities and autism. Each person had a tenancy agreement in place. At the time of the inspection there were four supported living houses, with between two to four people living in each house. There were staff supporting people in each house 24 hours a day.

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

#### Right Support

People were supported to have maximum choice and control over their lives. The Mental Capacity Act (MCA) principles were followed when assessing mental capacity and in making best interests' decisions.

Improvements had been made at the service to ensure that people were encouraged and supported to be as independent as possible.

Care plans focused on people's strengths. The registered manager was working with one of the staff teams to ensure a consistent approach across the service.

#### Right Care

Peoples care, treatment and support plans had been improved since our last inspection to be more person centred. People were supported by using communication styles that met their needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. This included people who had individual ways of communicating, using body language, sounds and Makaton (a form of sign language), pictures and symbols, so they could interact comfortably with staff.

People were supported by kind and caring staff who had received appropriate training. People's families told us they felt their relatives were safe at the service. Staff had received training on how to recognise and report abuse and they knew who to report to.

#### Right culture

Since our last inspection, the provider had made improvements, to the management structure, with the

appointment of a registered manager who had oversight of all four homes. The registered manager had been working with staff teams to challenge areas of poor culture. Not all staff had been receptive to these changes and had left the service. The provider had ongoing challenges with recruitment and used agency staff to ensure staffing levels were effective and met the needs of the people at the service. The provider worked with agencies to ensure the same staff worked at the service in order to ensure consistency for the people who were being supported. Agency staff received the same training as the long-term staff team in order to understand and work with people around their specific needs.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The changes to the management team and structure of the service was beginning to show a positive impact on people's lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The rating at the previous inspection was requires improvement (published 14 October 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good. Based on the findings at this inspection.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. All had been met.

We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### 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 not always 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

# An Darach Care Lincolnshire

## 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

The inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in four 'supported living' settings, so 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure the provider would be available when we carried out the inspection

We inspected two of the supported living homes on 14 June 2022 and visited the office on 15 June 2022

#### What we did before 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. This information helps support our inspections. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. One of the people we communicated with was able to verbally communicate with us the other two people used body language and gestures to communicate with us.

We spoke with seven members of staff including the registered manager, home managers, senior support workers and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure all care and treatment was delivered safely to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Since the last inspection, improvements had been made to ensure that risks assessed in relation to people's care needs were now effective.
- The risk assessments we reviewed gave staff the relevant information they needed. For example, risk assessments relating to epilepsy gave staff details around the type of seizure the person experienced. When to administer epilepsy rescue medicine and how to monitor the person for further signs or next steps the staff needed to carry out.
- Positive behaviour support (PBS) plans we reviewed gave staff accurate and concise information in how to support the person. The PBS plans explained how staff should focus on the person's strengths, supporting the person prior to them becoming distressed and how to respond should the person become distressed. The registered manager continued to work with staff and monitored PBS plans, to ensure they were followed by staff.

### Using medicines safely

- Medicines were administered, stored and managed safely at the service.
- Not all of the night staff at one of the homes were trained to administer medicines. However, the registered manager had assessed the needs of the people living at the home, people did not regularly require medicines during the night. The registered manager had also put into place a contingency plan of who the staff should contact if there was a need to give medicines during the hours that no medicines trained staff were at the home. This mitigated the risk that people would not receive medicines in a timely manner.
- Improvements had been made to protocols giving guidance to staff around "as and when required" medicines. People's medicines records gave staff information about how people would like to receive their medicines. For example, one person's records stated, "Staff need to assess [person's] mood to ensure they are ready to take their medication before administering."
- Systems and processes to record medicines taken out of the service by staff when supporting people in the community had been improved. The medicines were signed out by two staff ensuring the records were kept accurately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had robust systems and processes in place to ensure people were kept safe from the risk of abuse.
- The registered manager and home managers reported incidents of concern to the local authority safeguarding team and made notifications to CQC.
- The registered manager and home managers analysed accidents and incidents. They recognised where improvements to care should be made. These improvements were shared with staff. Extra training was scheduled where it was needed to improve staff practice.
- People's relatives told us improvements had been made at the service and their family members appeared happier and they now felt their loved ones were safe.

At our last inspection the provider had failed to ensure sufficient staff with the appropriate training were always deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

#### Staffing and recruitment

- The provider had ongoing difficulties in recruiting staff. Recruitment campaigns were on-going within the organisation. However, the provider had ensured the service was effectively staffed to meet the needs of the people at the service. Short falls in the rotas were filled by agency staff who worked regularly at the service.
- The provider had recognised the need to ensure agency staff who supported people at the service were trained to the same standard as regular staff members. They had also ensured agency staff had access to, easy to read, concise information about the people they would be supporting.
- Improvements had been made to staff rotas to ensure that people received the support they were assessed as needing.
- The provider has safe recruitment policies in place, which includes the checking of the Disclosure and Barring Service (DBS) ensuring staff were suitable to work with vulnerable young adults. This policy included the safe recruitment of agency staff.

#### Preventing and controlling infection

- 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 was admitting people safely to the service.
- We were assured that the provider was using 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.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure all staff were competent in meeting the needs of the people at the service and assessing and mitigating known risks to people. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

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

- At the last inspection staff were using restrictive practices that were not in line with the providers policies. These practices were no longer being used and people were being supported in a person-centred manner in line with their care plans. The registered manager worked closely with staff to ensure they understood why they should always support people in the most least restrictive way possible.
- The registered manager and the home managers had worked with local authorities in order for applications to be made to the court of protection.
- Improvements had been made to the admissions process at the service. At the last inspection, we found people had been placed at the service without robust assessments around their compatibility to live together. Despite no new people living at the service, arrangements were in place to ensure any new people would be compatible with people already living at the service.

Staff support: induction, training, skills and experience

- Improvements had been made to ensure people received consistent, effective care from competent and experienced staff. The registered manager had recognised when staff were not following peoples PBS plans. This led to staff receiving training that had been tailored to the complex needs of the people at the service, reducing the risk of people being supported inappropriately.
- Staff had supervision opportunities. One staff record reviewed showed a line manager had encouraged the staff member to understand and reflect on how they would feel if they were receiving care. This showed the management team were committed in helping staff to comprehend how people at the service may feel when being restricted in any way due to their care needs and recognise that restrictions may not be needed.
- Improvements had been made to staff compliance with training deemed as mandatory by the provider. Systems and processes were now effective in addressing when staff had fallen behind with their training.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People at the service were supported to be as independent as possible whilst being encouraged to make healthy balanced choices.
- People were able to decide where they wished to eat their meals. They had the choice to join other people in the communal area or eat in their own environment. People were encouraged to prepare their own food with the support of staff when needed. We observed a person making a sandwich. The person completed the task even though they had left the room several times. Staff informed us that on a visit home the person had shown their relative how to make a sandwich. Learning this life skill had been a great achievement for the young person.
- One person told us with pride, that they had made healthy choices about what they had wanted to eat for breakfast.
- People were supported to access physical and mental health appointments. The home managers made relevant referrals to external professionals to ensure people received the care needed.

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

- The provider recognised when the environment was not effective in meeting the needs of the people being supported and had made positive changes to address this.
- The provider had worked with people and their families to organise a move from a home where the lay out was not meeting the needs of the people living there. They had moved to a house with more space, where there were much better transport links.
- People and their families chose how they would like their bedrooms to be decorated. One person's room had been designed to replicate their bedroom at their parents' house. The person found this reassuring.
- Where additional security was needed to ensure people were safe when accessing the garden, the provider had ensured the measures were in keeping with the home and the local setting.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure all people received care that met their needs and preferences. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Improvements had been made to people's care records. These records no longer contained derogatory language. People's privacy and dignity was promoted in their care plans.
- People who had been identified at the last inspection as not having their needs met at the service had been supported to move to other locations.
- People were supported to ensure their cultural needs were met. For example, where a person required halal meat this was bought and stored separately to other people's food.
- Staff told us that since the last inspection they had been supporting people to be more independent and the focus was on supporting people to do things themselves and not have things done for them.
- Improvements had been made, one person's needs around objects they found comfort from was still not always fully understood by the staff who supported them. There had been a culture of restrictive practices in the past. The registered manager had made progress with staff's attitude and were aware of the continued work they needed to undertake to ensure staff understood and followed the new PBS plan for the person. One staff member told us of times that they did not feel it was possible to follow the PBS plan.

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

- Since the last inspection people and their families had been more involved in decisions around their care. People and their relatives told us of these improvements.
- We saw the use of a Picture Exchange Communication system (PEC's) boards in two of the homes. These boards were used by people to tell the staff what they would like to do. As well as aiding a conversation in order to plan meals.
- Where people were not able to express their views, staff spoke with families and gained meaningful details about people's wishes and preferences.
- The registered manager recognised that they needed to work with people and find different ways of communicating with them to ensure they were able to give feedback on their care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The provider had made improvements to people's care plans, making them person centred and a better reflection of the person's strengths.
- The care plans and PBS plans we reviewed gave staff concise and consistent guidance on how to support the person.
- We observed positive interactions between staff and people at the service. One person spoke to us about trips they were planning on taking.

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 were supported to communicate in their chosen way. The service was able to demonstrate how they used a variety of methods to meet people's communication needs.
- We observed staff and people communicating well together. Some people at the service used their own signs similar to Makaton. Staff knew the person's individual signs and the person was able to make themselves understood. We also observed staff being patient when people were struggling to communicate with them.

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 and develop relationships. People were able to access the community in order to take part in activities. However, in one home there was a lack of staff who could drive. This meant people were sometimes limited to only accessing the local community by foot. Some people at the service were able to use taxis or public transport but for others this was not an accessible option and staff on occasions had to inform people that they could not go to places they wished to. The registered manager said that they had been trying to address this issue through recruitment.
- People were supported to visit family, as well as family visiting them in their own home. We spoke with one person about how they video called their sibling via social media. This was something they looked forward to doing.

End of life care and support

- At the time of the inspection, no one using the service required end of life care. The people using the service were young adults who did not have any serious underlying health conditions. We reviewed two people's records where end of life care had been discussed with the person's family. This was due to the person lacking capacity in understanding what end of life care meant for them.

#### Improving care quality in response to complaints or concerns

- There were systems and processes in place to learn and improve from complaints.
- The registered manager and home managers worked with families to address concerns. We reviewed complaints and could see clear outcomes and improvements had been made at the service in response to concerns raised.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last inspection the provider had made improvements to the management structure of the service. There was a registered manager in post who had responsibility and oversight of all four homes. As well as each home having a home manager who managed the day to day running of the house. This approach had led to consistency across the homes.
- A manager had been recruited for the home which had been without a manager for some time. However, recruitment was on going for a manager at one of the other homes which was currently being managed by a peripatetic manager.
- Staff and families told us that the new management structure had led to improvements and that they were much happier with the way the service was being managed. One staff member said, "The new manager gives us guidance and support which was lacking before." Relatives told us there was now better communication and that they were kept informed.
- The registered manager had identified when staff were not following the providers policy or peoples PBS plan. They acted on this with staff supervision and additional training.
- Improvements had been made to the way in which staff training was recorded. Home managers had more autonomy and were able to ensure the training records were kept up to date.
- The registered manager was aware of their responsibilities in regard to duty of candour. They were open and transparent and worked well with families when incidents occurred.

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

- Improvements had been made to the culture at the service. Care plans had been reviewed and they were now written to promote the persons strengths.

- The registered manager told us that they had recognised that there was still some work to do around involving people at the service and receiving their feedback. They said they were going to look into ways this could be achieved.
- We reviewed a care plan that had been written in conjunction with the persons relatives. The person's relative told us they felt supported to be involved and that their family member was happier than before. Another relative told us that the home manager had supported them with paperwork for their family member. They said this support had been critical and they would not have been able completed the task on their own.

#### Continuous learning and improving care

- Since the appointment of the new registered manager oversight of the service had improved. This included identifying and reporting safeguarding concerns.
- The provider had improved their quality assurance process. The registered manager acted on findings from quality monitoring audits in order to make improvements.
- The registered manager was effectively reviewing accidents and incidents at the service. This had led to identifying when additional training was needed for staff.

#### Working in partnership with others

- We spoke with the local authority commissioning officer who had been working with the service in order to make improvements. They were pleased with the progress that had been made.
- The provider worked with other professionals and families to ensure the care and support provided for people meets their needs.