Kisimul Group Limited

An Diadan 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

An Diadan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. An Diadan House does not provide nursing care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service supports up to nine people adults with learning disabilities and/ or autism, all of whom had complex needs and behaviours which challenged the service. There were nine people using the service at the time of our inspection. Some people were able to communicate verbally although most communicated in other ways.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. 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.

People were supported with dignity and respect by caring staff who understood their needs, including behaviours which challenged the service. People had 'positive behaviour support guidance' in place for staff to follow in helping them manage behaviours which challenged which were personalised for each person. Risks relating to people's care were carefully managed by staff. Staff knew the best ways to communicate with people and people were supported to develop their independent living skills. People received care in clean, spacious premises which were well maintained and met their needs well.

People took part in activities based on their interests and had structured activity programmes in place. People were supported to maintain relationships with people who were important to them to reduce social isolation.

The provider carried out recruitment checks on staff. People and staff were involved in recruitment. After passing the interview stage candidates spent time at the service working with people and staff while the management team assessed how well suited they were to supporting the individuals at the service. People were supported by the right numbers of staff to keep them safe and to respond to their needs. Staff were well trained and supported in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People chose their own meals and staff considered people's cultural needs. Staff supported people to maintain their health and see the necessary healthcare professionals. People's medicines were safely managed.

People and relatives were involved in care planning and staff followed people's care plans to meet people's needs. Care plans reflected people's physical, mental, emotional and social needs, their personal history, preferences, interests and aspirations. The service had begun to engage people and relatives in end of life care planning as part of a programme run by the local hospice.

The service was well by a registered manager staff who understood their role and responsibilities well. Leadership was visible with a clear hierarchy.

The provider had good governance systems in place to audit and improve the service with frequent checks of the service in line with CQC standards. Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. The provider investigated and responded to concerns and complaints appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

An Diadan House

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 checked whether the provider is meeting 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 we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send to us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 18 December 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with two people using the service and we observed people's body language, gestures and interactions with staff to find out more about their experiences at the service. We also spoke with relatives of two people using the service, the registered manager, a senior support worker, two support workers, the director of care and the operations manager. We looked at care records for three people, staff files for three staff members, medicines records for four people and other records relating to the running of the service.

After our inspection we gathered feedback from two relatives. We also contacted five health and social care professionals and received feedback from one.

Good

Is the service safe?

Our findings

People were supported to manage their behaviours so they could lead more meaningful lives. A relative told us, "It's a lot better here, all other placements failed due to the behaviours [of our family member]. They have their staff well trained [in behaviours which challenge]." A second relative told us, "The philosophy that Kisimul has is to try to understand behaviours and to address through behaviour modification... This seems to be a much healthier perspective." Staff understood people well, including the best ways to respond to people's behaviours and staff told us they felt confident in their roles. Each person had detailed 'positive behaviour support (PBS) guidelines' in place for staff to follow, developed by the provider's psychologists. In addition, staff received regular training, approved by the British Institute of Learning Disabilities (BILD), in positive behaviour support. People were supported to take positive risks despite having behaviours which challenged the service. For example, several people were now able to travel on public transport safely while their behaviours had made this difficult in the past. A social care professional told us they were particularly impressed where the service supported a person to use the bus, even after there had been a minor incident in the community. Staff recently supported a person to visit family without any incidents of aggression, despite a history of such. The person showed us the 'social story' staff used to help them understand what would happen when they visited home and what behaviour was not allowed. Social stories are a visual tool to help people with autism understand certain situations.

People were supported by enough staff to keep them safe. People, relatives and staff told us there were enough staff and the registered manager confirmed the service had sufficient staff to meet people's needs. We observed some people received care from one or two staff through the day as agreed with their funding authorities. Sufficient staff were available to escort people on their scheduled activities. In addition, several staff were available in communal areas and we observed they responded promptly to support people.

People were safeguarded from abuse and the provider learnt from accidents and incidents. A social care professional told us after incidents occurred, the team reviewed their protocols and adjusted their plans to reduce risk. Our discussions with staff showed they understood the signs people may be being abused and how to respond to this. Staff understood how to 'whistleblow' if necessary and the provider had a dedicated line for this purpose. Staff received regular training in safeguarding to keep their knowledge current. The provider responded appropriately to allegations of abuse, taking action to protect people and liaising with the local authority safeguarding team.

People were supported by staff who were recruited via robust processes. The provider checked the employment history and qualifications of candidates and obtained references from former employers. The provider also checked for any criminal records, identification and right to work in the UK. All candidates were interviewed and spent time working with people and staff at the service to check they were suitable to work with people with learning disabilities and behaviour which challenged.

People's medicines were managed safely. A relative told us, "Here medicines have been used [for behaviours which challenge] but it's not often. Staff understand they can use activities to manage his behaviours." A second relative told us, "Reviews are regularly conducted." The registered manager told us they minimised

the use of medicines in response to behaviours which challenge, as part of a nationwide campaign. We checked medicines stocks and records and found people received their medicines as prescribed. People's medicines were stored securely in a locked cabinet within a medicines room which had air conditioning to maintain a suitable temperature. Staff received training in administering medicines and the provider assessed staff competency to administer medicines. Guidance was in place for staff to follow to administer 'as required' medicines and 'homely remedies' (medicines purchased without a prescription), approved by the GP. The provider carried out robust, regular audits to check medicines management remained safe.

People lived in premises which were safely maintained and hygienic. A maintenance team carried out repairs promptly and staff followed a cleaning schedule each day. The provider carried out regular checks including fire safety, water hygiene, water temperatures, gas safety, electrical installation and electrical equipment. Staff followed suitable infection control practices in the kitchen, laundry and while cleaning the service. The provider trained staff and assessed their competency in infection control procedures including hand washing techniques. The provider carried out infection control audits to check staff to followed procedures to reduce risks to people.

Good

Is the service effective?

Our findings

People were supported by staff who received a suitable programme of training and support. A relative told us, "They understand his autism very well." The provider's induction for staff without diplomas in health and social care followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received individual supervision every two to three months with their line manager. Staff also received an annual appraisal to review their personal development in the previous year and to set goals for the coming year. The staff training programme in place was comprehensive and tailored to enable staff to best meet the needs of the people using the service. A rolling training programme was in place and each month staff attended a training day on a different topic at the provider's training centre. Topics included positive behavioural support, learning disabilities and autism awareness, mental health awareness, fire safety and infection control. Staff told us the training was good quality and equipped them well for meeting people's needs.

Staff were trained to use safe restraint techniques. People had appropriate types of restraint permitted as part of their care plans. During our inspection an incident arose where staff were required to use restraint on a person where their behaviour challenged the service. Staff made a clear record of the incident including the reasons why the restraint was used, what was tried prior to restraint, the type and length of restraint and the outcome. Staff were trained to spend time providing emotional support to people after the restraint. In addition, we observed staff involved in the incident received support from the registered manager and any incidents were discussed at the end of each shift.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. Staff understood their responsibilities in relation to the MCA and DoLS and received regular training to keep their knowledge current.

People received food of their choice which met their cultural needs. A relative told us, "[My family member] likes dry food, staff understand it." Staff held weekly meetings to plan the menu. People were encouraged to express their meal choices verbally or by selecting pictures. Staff knew people's food and drink preferences well and followed any special diets closely. We observed a mealtime and saw people enjoyed the food they received. Staff monitored people's weight and followed guidance from healthcare professionals to help people maintain a healthy weight and relatives confirmed they also consulted with them for suggestions. People were supported to remain healthy. A health and social care professional told us a person was less anxious than they had been in previous services. People had health action plans in place which detailed

their healthcare needs and the provider used these to check people received the right support from healthcare professionals such as hospital specialists. The provider developed hospital passports for people to guide hospital staff on their needs and preferences in case of admission.

The premises met people's needs. The service was spacious with several communal rooms and a large garden where people could choose to spend their time. People had access to a fully equipped art room and a sensory room where they could go to relax. We observed people moved freely around the service and gardens throughout the day. A relative told us, "[My family member] has space to go outside and to have space on his own when he needs it." A security gate and security system on the front door meant people could only leave the service safely, with staff support, in line with their DoLS authorisations.

Good

Is the service caring?

Our findings

People received care from staff who were kind, caring and respectful. A relative told us, "There's a real warmth and I believe they love and care for [my family member]. All staff are really lovely. I think they're brilliant. [My family member] is happier here than he's been anywhere else." A second relative told us, "Staff have all got to know our [family member] and they enjoy positive relationships with different staff." We observed staff interacted with people in a kind manner, providing reassurance when people were anxious and upset. People had choice including when and how they received care, how they spent their day, their food and drink and how their rooms were decorated. Staff supported people appropriately in relation to their cultural backgrounds and religious beliefs.

People received individualised care from staff who understood them well and were matched to them. This meant people were assigned one or two regular staff members who worked with them each day to ensure all their needs were met and they remained safe. This close working helped build good relationships. Our discussions with staff showed they knew people's needs well. Staff engaged people in activities of their choosing such as playing games and singing. Staff gave people who preferred to engage in activities by themselves, such as using a computer, freedom to do so. People who wished to spend time alone in their room were given the privacy to do so. A relative told us their family member benefited from receiving care from a diverse staff team which included staff from the same cultural and ethnic background as them who understood their personal care and cultural food needs. A female member of staff was always scheduled to support a person with their personal care in line with their religious background.

Staff understood the best ways to communicate with people. We observed staff adapted their speech choosing simpler words and using repetition to help some people understand. Each person had a care plan detailing their communication needs, incorporating guidance from professionals, which staff followed.

People were supported to develop their independent living skills. A relative told us, "People are encouraged to learn skills and to take responsibility." Staff encouraged people to be involved in household chores such as cleaning, laundry, purchasing and preparing food. One person had a job cleaning cars and gardening within the organisation. People were encouraged to attend college to improve their daily living skills.

Good

Is the service responsive?

Our findings

People and their relatives were involved in care planning. A social care professional told us care plans were very comprehensive and there was clear evidence of good practice and consistent support and care. The provider incorporated information about people from their personal histories, discussions with them and their relatives and observations. People's care plans detailed people's backgrounds, needs, preferences, interests and aspirations. Staff understood and followed people's care plans well in responding to their needs. Staff had a deep understanding of people's needs in relation to their mental health, autism and behaviours which challenged. Care plans were reviewed regularly and people attended care reviews led by social services. Each person had a key worker who met with them regularly to check they were happy with their care.

People accessed a range of activities which improved their quality of life with structured activity programmes based on their interests. A relative told us, "[My family member] has a lot of activities." A social care professional told us a person had a varied and stimulating timetable of activities and there was a 'can do' attitude towards trying new things. Activities included cycling, swimming, day trips and activities in the home. A person had been supported to do horse-riding regularly when this would have been difficult in the past due to behaviour which challenged the service. An art therapist visited the service weekly and engaged people in arts and crafts. People also benefited from weekly massages by a therapist. People were supported to develop and maintain relationships which were important to them through welcoming visitors and supporting people visit their family. People were supported to attend social events for people with learning disabilities to spend time with other people.

The provider had begun a programme to support people to consider their end of life preferences. A staff member was studying end of life care at a local hospice and the provider had begun to engage with people and relatives.

The complaints process remained suitable. A relative told us, "I've never had to raise a complaint" and told us the provider acted promptly on a minor concern they once raised. A second relative told us, "We have absolute confidence about this. Staff regularly report to us any concerns that arise." The provider investigated any concerns and complaints and kept detailed records of the issues and action taken in response. People and relatives were informed of the complaint process and encouraged to share any issues.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager who had a good understanding of their role and responsibilities. A relative told us, "The manager is very nice, always very warm." A second relative told us, "The service is well led because staff have an understanding of individual and familial needs." The registered manager was an experienced manager of services for people with challenging behaviours. People, relatives and staff had confidence in the registered manager and described them as approachable. Staff told us the registered manager always encouraged and empowered them to develop in their roles.

Capable leadership was visible with a clear hierarchy in place. The registered manager was a visible, hands-on manager who was always accessible to staff. The registered manager was supported by care staff divided into two teams, each led by senior support workers. Staff worked with others in their team each day which helped good relationships develop. Staff had clear roles and understood their responsibilities well, following a clear shift plan.

The provider had good systems in place to oversee the service and ensure quality of care. The service was supported by an operations manager who provided guidance to the management team and staff at the service. The operations manager visited each week to carry out informal checks of the quality of care and to supervise the registered manager. The provider had a dedicated compliance team to assess quality in all their services. A member of the compliance team visited the service unannounced each quarter to carry out an inspection in line with the CQC key lines of enquiry (KLOEs). The registered manager developed plans from these visits to make any identified improvements. In addition, the seniors carried out monthly 'site sweeps' which included observing the quality of care, speaking with people and staff and checking medicines and also that records were accurate, up to date and sufficiently detailed. The registered manager promptly rectified any issues identified during the audits.

The provider gathered views from people, relatives, staff and professionals communicated openly. A relative told us, "The leadership is good, they do things in consultation with the parents. When you make a point they take it up and work it through." A professional told us the service communicated well with them. The provider also gathered relative's views in annual stakeholder surveys. The provider asked those who could communicate verbally their views during service audits. For people who could not communicate verbally the auditors carried out observations to check their satisfaction levels. The provider held regular staff meetings to ensure feedback from staff was encouraged and used as part of monitoring and improving the service. The provider also produced a newsletter to update stakeholders on service developments. The provider worked openly with key external organisations such as the local authority safeguarding team and healthcare professionals involved in people's care. The provider submitted notifications to CQC as required by law, such as any allegations of abuse.