

Kisimul Group Limited

An Darach 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

We carried out this announced inspection on 26 April 2016.

An Darach House is based in the village of North Scarle in Lincolnshire. It provides accommodation and support for six people with a learning disability. There were six people living in the home at the time of our inspection most of whom had a range of communication needs which staff understood.

There was a registered manager. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People's medicines were managed safely and staff worked with people in ways which helped to avoid the risk of accidents. There were enough staff on duty and background checks had been completed before any new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way including how to respond to people who had different communication needs. People had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had been consulted about the care they wanted to receive and all of the care they needed. Staff supported people to pursue a wide range of interests and hobbies. There was a clear system in place for resolving complaints.

Regular monitoring and quality checks were undertaken which ensured that any issues related to the running of the home would be quickly resolved. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to keep people safe from harm.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

People were helped to avoid the risk of accidents and people who needed staff assistance to take their medicines were supported safely to do this.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way.

People were supported to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate kind and caring.

Staff respected people's right to privacy and supported them to maintain their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with all the care they needed.

People were supported to maintain and further develop a wide range of hobbies and interests.

There was a system in place to respond to and resolve complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted good team work. Staff were well supported and were encouraged to speak out if they had any concerns.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There were a range of quality checks in place which ensured that people consistently received all of the care they needed.

An Darach 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 was planned to check whether the registered persons were 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.

We visited the service on 26 April 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

Before we carried out our inspection visit we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

During the inspection we spent time in the company of five of the people who lived at the home. We also spoke with five of the care staff team, the registered manager and the registered provider's assistant director. We observed care and support that was provided in communal areas of the home and looked at the care records for three of the people living in the home. In addition, we looked at records that related to how the service was managed including staffing, training and the registered manager and provider's quality assurance processes.

We also spoke by telephone with three relatives of people who lived at the home. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. After we completed our visit we also received feedback from a social care professional who had undertaken reviews together with one of the people who lived at the home.

Is the service safe?

Our findings

People told us they felt safe living at in the home. One person said, "It's very good here and I am happy I feel safe." Another person said, "Happy good." People's behaviour also showed us they felt safe. For example, the interactions and communication with all of the staff who were working were open and warm. People had no hesitation in checking things with staff at any time and we saw they laughed and joked with staff in way which showed they knew and trusted each other.

Relatives we spoke with also told us they felt their family members were cared for in safe ways and were confident that their family members were safe in the service. One relative told us, "The staff are very trustworthy. I find they go out of their way to make sure [my relative] is safe and my views about the positive way the staff look out to ensure the safety of [my relative] has never wavered."

The registered manager and staff we spoke with told us and records confirmed they had received training and regular updates to the training about keeping people safe from harm. Staff knew the procedure in place to report any concerns they identified. Staff also told us that, where required, they knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Care records included individualised risk assessments which staff used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills in the home and so that they could go out and enjoy a range of community activities. We observed examples of this support being given when people were enabled to use utensils to make their own food at lunchtime and when people were organising the things they wanted to take out with them when they went out. Care records showed and staff told us the management of any identified risk was reviewed regularly and assessments kept up-to-date in order to help maintain people's safety.

Staff told us they knew people very well and that if anyone was unhappy about their care or was worried they would know. This was through the direct communication they had together with the person and through individual verbal signs and changes in their behaviour. Staff confirmed their training focussed on keeping people safe through the early recognition of any signs people might be getting distressed and supporting them in a way which kept people safe. This included the use of re-direction and de-escalation techniques. The approaches undertaken by staff meant the frequency of interventions needed was low. However, when it had been required the registered manager and staff confirmed they were able to undertake safe physical interventions in order to protect people.

There were reliable arrangements for ordering, storing, administering and disposing of the medicines people needed to take. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and records showed that they were correctly following written guidance to make sure that people were given their medicines at the right times.

Staff we spoke with and records we looked at confirmed that a range of checks had been carried out before

they were offered employment at the home. These checks included the provider asking about and verifying any potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home.

The registered manager said that the level of staff cover provided at the home was based on an assessment of the care each person needed to receive. Rotas were in place to ensure staff were deployed over each shift at the levels the registered manager had identified as being needed. Staffing levels were kept under regular review by the registered manager using information about any increase in care needs identified through care reviews and using feedback from staff. The registered manager told us this information helped them to consistently identify the amount of staffing required to meet that need. The registered manager also confirmed they had access to a small team of bank staff who knew the people who lived at the home. They and staff told us this helped with consistency and that they had never needed to use agency staff at the home. Throughout our inspection our observations confirmed staff were available to speak with and help people with anything they wanted. Staff did not rush when they worked with people and any support and time involved in helping people was centred around the person rather than the task.

Is the service effective?

Our findings

Staff told us and records confirmed staff had regularly met with the registered manager to review their work and to plan for their on-going professional development. One staff member we spoke with commented that, "The range of training matches what we need to know to do the job. For example we have regular updates around supporting people who have epilepsy so we are aware of how we need to manage any situations and provide all the help that's needed." We observed an example of this when staff effectively supported one person who had specific arrangements in place to help support them with a condition which needed to be managed effectively when they went out into the community. Staff described the support they gave and we saw the arrangements in place had ensured the person could live a full and active life.

New staff were supported to undertake an induction when they started to work at the home. One staff member we spoke with told us, "Our induction is comprehensive and we shadow staff who are experienced as part of the process. We keep a record which is signed off by our manager to confirm when the induction is complete. This is usually after six weeks." Records showed new staff were also supported to complete the Care Certificate. The Care Certificate helps set out common induction standards for social care staff.

Staff told us and training records showed staff had received training in key subjects including how to support people who have a learning disability and who have complex needs resulting from particular healthcare conditions. The registered manager said that this training and the update training staff undertook was necessary to confirm they had the right skills to care for people in the way each person needed. Staff also told us they had been supported to obtain nationally recognised qualifications in care.

In addition, we observed the registered manager and more senior staff regularly observed and supported the way in which other staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs. Staff told us this helped them to keep developing their existing skills and identify any areas where they would benefit from further support or training.

We saw people had opportunities to plan the meals they wanted and make choices which they were supported to change if they wanted to eat or drink something different from that which was planned. Meals were also spaced out and the timings kept flexible so people had access to food at the times they wanted them. Any risks identified regarding people eating and drinking had been assessed and steps had been taken to reduce the risk. Staff showed us a book containing pictures of different meals which had been developed around what people said they liked. People chose the meals they wanted from the book. We saw and staff told us people were supported to go shopping for or order the food they had chosen. People were then supported to undertake each stage of their meal preparation. We sat with people at lunch time and saw they set out the table, made the meals they wanted and were helped to wash up at the end of the meal. Staff used their skills and knowledge about each person to make sure they did this in the way each person had wanted and this contributed to the whole process of being enjoyed as a shared activity. In this way people were enabled to enjoy their food and maintain a healthy, balanced diet.

Records showed that people had also been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes which might need to be referred to a healthcare professional. Whenever necessary people had also been supported to see other health care professional's including; local doctors, dentists and opticians. This had helped to ensure that people received all of the assistance they needed to maintain their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to make sure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. An example of this involved key people having been consulted when it had been necessary for a person to receive medication to help reduce the risk of them experiencing epileptic seizures.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that when it had been needed the registered manager had ensured that three people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to the other three people who lived at the home. This was because they lacked mental capacity and it was likely that they might need to be deprived of their liberty in order to keep them safe. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People who lived at the home said or showed us that they were positive about the quality of care they received. For example, we observed some people were getting ready to go out to undertake a community activity during the morning and were excited about going out. The interactions and help provided by staff was warm and encouraging with people being supported to wear the clothing of their choice to go out and to openly speak with staff about their plans for the day. The registered manager and staff clearly knew people and understood their individual behaviours. We saw this helped people to feel relaxed in the company of staff and that they were able to freely express their wishes.

People said and showed us that they were very well cared for in the service. We could see through the relationships between people and staff that people were confident that staff knew what they were doing, were reliable and had their best interests at the centre of the support they gave. People used a combination of words, signs and gestures to express themselves. Staff understood and responded in ways which demonstrated they knew what people were telling them. This meant communications between people, the registered manager and staff were consistent. One staff member said, "We never make assumptions about what we think a person might be telling us. We check things out so we are absolutely sure."

Staff respected the decisions people made. We noted that staff consistently recognised the importance of not intruding into people's private space. We saw staff knocking on the doors to private areas and waiting for permission before entering. When people changed their minds and said they had chosen not to go out this was respected. People also had their own bedrooms and their own keys to lock their rooms if they wished to be private. One person showed us their room together with a staff member. We saw the person had access to their own walk in private shower room and they said they liked to be private and this was respected. The person also told us they could relax and enjoy their own company if they did not want to use the communal areas in the home and they were always supported to do this. We saw their room was laid out as the person had chosen and their right to have the room the way they wanted it was well supported. The person asked the staff member to help look for something they had lost in the room. The staff member responded sensitively and listened to and helped the person. The person spoke openly about losing things and laughed together with the staff member. We saw staff had taken additional steps to make sure the person had received support to set out their room in a particular way which reflected a deep interest they had in model aeroplanes.

Relatives we spoke with told us they felt staff always supported people to maintain their dignity. One relative said, "The care has never wavered. It's the simple things that they do which might go unnoticed but which matter to us and [my relative] the most. They have encouraged [my relative] to go to the barber's and they enjoy doing this. Another relative commented, "We can't fault them. The staff keep in touch all the time so we feel involved. [My relative] gets involved in a great range of activities and has been helped to get a gym membership because they wanted to feel fitter. I think they are pretty outstanding because they genuinely care."

We contacted a social care professional who had been involved in reviewing the arrangements in place for

supporting one of the people who lived at the home. The professional told us, "I have always found the staff at An Darach very responsive and proactive to any changes in needs. The person has undergone some changes in recent years and they have been very good at supporting and advocating on the person's behalf with health professionals."

The registered manager had also developed links with local lay advocacy services and there were arrangements in place to enable people to quickly access a lay advocate if this was needed. Contact details for the local lay advocacy service were available in the homes service user guide. Lay advocacy services are independent both of the service and the local authority and can support people to make and communicate their wishes. The registered manager and staff said this was important if someone did not have family or friends to help them make their voice heard.

The registered manager and staff understood the importance of respecting confidential information and confirmed the provider had a policy in place which staff said they understood. We saw written care records were stored securely and the registered manager showed us computer records were password protected so that they could only be accessed by the registered manager and staff. Throughout our inspection we observed staff working in ways which helped maintain confidentiality for people. For example, staff did not discuss information relating to a person who lived in the home if another person who lived there was present.

Is the service responsive?

Our findings

Staff had consulted with people about the everyday care they wanted to receive and had recorded the results in their individual care plans. Care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. More formal reviews were held annually to check on how care was being provided. These meetings involved external professionals when needed and invitations were also sent to relatives. A relative told us, "We are invited and get involved in the annual reviews. At our last one family members attended and the local authority. I also want to say [my relative] was also fully involved in the meeting. It was useful to be there and we went for lunch together afterwards."

People showed us that staff were providing them with all of the practical assistance they needed to make their own choices. We saw that this support was given with sensitivity and understand of the person by staff and people were gently encouraged to do things for themselves whenever possible. People had devised their own activity schedules which highlighted the things they had chosen to do and any activities they enjoyed repeating on a weekly basis. One person showed us the activity schedule they undertook. This included details such as the times they liked to have a shower and their breakfast. It also included activities people had chosen such as a community play session they had attended and daily and weekly tasks in the home including emptying the bins. We saw the person enjoyed emptying the bins and once they had completed this task they went to tell the staff saying they were happy with what they had done.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. Care record included information which was written in the first person about how people liked to communicate. One person's record stated, "I use sign language to say if I am happy or not." We saw staff had a clear understanding of the communication the person used and that this helped them to care for the person in the way they wanted.

In addition, we found that staff were able to effectively support people who could become distressed. We saw one person became distressed when they were trying to tell staff about a routine activity they were about to undertake. The person started to repeat themselves and staff recognised this as a trigger the person may be getting distressed. Staff followed the guidance described in the person's care plan and this reassured them. The person became calm and smiled, hugged the staff member nearest to them and continued going through their daily routines.

Staff said they understood the importance of promoting equality and diversity and their behaviours were aligned to the understanding they had. For example we observed staff supporting people to wear the clothes they had chosen and to follow their wants and wishes and their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included attending a local resource centre, going swimming, visiting places of interest and attending social functions. In addition, people had been supported to enjoy holidays which they were involved in choosing and which reflected their particular interests.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure which contained pictures to explain people's right to make a complaint. The provider had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. A relative said, "They do a great job in keeping us in the loop and communications are good. We speak every other day and if there is anything to discuss or agree it gets sorted out quickly."

Is the service well-led?

Our findings

The provider had an established registered manager in post who told us they always worked to ensure people were maintained at the centre of the services staff provided. We saw people were comfortable and relaxed in the company of the registered manager. People were able to be themselves and we saw them going in and out of the registered manager's office and freely speaking with them. One person sat in the registered manager's office and chair and said they were, "Happy to be here" and "I like all the staff." A relative said, "The manager has maintained a good group of staff who we have got to know well. I think the low staff turnover is helped through having a good manager and I think they have."

We saw that there was a range of easy to read information for people and visitors to look at in the reception area of the home about the way the home was run. This included a copy of the service user guide. Relatives we spoke with told us they understood how services were provided and that the provider and registered manager always ensured they were as involved as they wished to be. A relative commented, "The contact from the manager is always consistent. We have built good relationships and there are never any surprises. We can feedback our thoughts and views at any time because the contact is open."

When the registered manager spoke with us about the support each person required it was clear they understood how to meet their needs and that they had a very detailed knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff. The registered manager also told us about, and review records showed the strong links they had developed with other professionals and agencies and that this had helped provide services in a co-ordinated way.

Staff we spoke with told us the registered manager was supportive to them and was available to discuss any issues or concerns they had whenever they needed to. In addition to the structured supervision provided for staff the registered manager also received regular supervision from their assistant director and they told us that this helped them to reflect on and keep developing their roles together. The registered manager told us, "It's not one way supervision. We learn together across the whole staff team including all managers." The registered manager confirmed this learning was extended to registered managers in other homes owned by the provider who undertook monthly review visits to each other's homes. We saw the review visit undertaken in February 2016 and that it had been undertaken in line with the regulations that the provider was registered to work within. The outcome and feedback report was positive in all of the areas checked.

The registered manager and staff told us that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. Staff said the meetings helped identify any changes needed and any additional support they might need during the shift they were starting. Records also showed that staff meetings were held regularly and covered topics such as people's needs, staff rotas and deployment, specific roles and tasks, and training and development. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed in order to care for people in a responsive and effective way.

Staff told us they knew about and fully understood the provider's whistle blowing procedure. Staff said they would not hesitate to use it if they had concerns about the running of the home or the home owners that could not be addressed internally. However they also said they knew what to do if they had concerns about practice and would be confident that the registered manager and provider would respond quickly to anything they raised with them.

The registered manager and provider had regularly completed a range of additional quality audit checks which were intended to ensure that people consistently received all of the care and facilities they needed. The registered manager showed us a monthly quality assurance audit tool they completed and shared with the provider.

We also saw regular meetings were held between the managers of all the homes owned by the provider. Records from the last meeting held in April 2016 showed that they were used to discuss any issues they had needed to respond to so they could share their learning. The information showed issues related to supporting people to make decisions, training updates, infection control and rota management.

As part of the audit process the registered manager maintained and regularly reviewed their accident and incident records so that they and staff could ensure the risks of them happening again were minimised. The manager also showed us they understood and had systems in place to report any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.

These audit checks also included making sure that people were being given all of the practical assistance they wanted, that medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

People who lived in the service said and showed us that they were consistently asked for their views about their home as part of the everyday process of living at An Darach House. We saw examples of this throughout our inspection when staff spoke together with people about plans for the trips out into the community to take part in activities, the meals they were having that day and a holiday they were starting to plan. We observed staff checking with one person about their choice to go horse riding during the afternoon of our visit.

Records showed that there were regular house meetings held in the home at which staff supported people to suggest improvements to their home. Records were kept for each meeting and we saw the records for February 2016 and March 2016. They were written in an easy to read format and included examples such as staff seeking feedback on the meals and activities people wanted. We noted one person had asked for a Chinese takeaway and that this had been agreed. Another person had also made suggestions about going to a theme park and this had been planned.

The registered manager showed us they maintained an on-going development plan for the home which showed areas discussed with the provider, actions planned and those completed. Areas covered included information to show how these actions had helped improve the services provided. For example, one person had asked for changes in the arrangements in place for bathing. The person wanted to have a bath fitted in addition to their shower so they could 'Choose to have a relax and soak.' The registered manager told us this was being planned. In addition to the house meetings held the plan showed work was progressing to enable people to complete more formal questionnaires in order to further empower people to feedback on any improvements they thought might be made.

