Kisimul Group Limited

An Darach House

Inspection report

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Date of inspection visit:
16 October 2018

Date of publication:
21 November 2018

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 inspected An Darach House on 16 October 2018. The inspection was announced.

An Darach House is located in the village of North Scarle, Lincolnshire. An Darach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to six people who experience learning disabilities.

On the day of our inspection six people were living at the home.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People were cared for by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for. People lived in a clean and hygienic environment and were given appropriate support to manage their lifestyles and behaviours in the least restrictive way.

There were enough staff to ensure people received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

Staff had the knowledge and skills to provide safe and appropriate care and support for people. People were enabled to have maximum choice and control over their lives and policies and systems within the home supported this practice.

People were cared for by staff who were well supported by the manager.

People were supported to maintain their nutrition and staff monitored and responded promptly to people's health conditions.

People's needs were monitored and reviewed and staff cared about the individual they were supporting. Staff listened to people and got to know them well. People were supported to enjoy a varied social life.

There was an open and transparent culture. People were encouraged to give their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

Medicines were managed safely and people received their medicines as prescribed.

There were enough staff to provide care and support to people when they needed and wanted it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and support.

People were encouraged to make their own decisions about their care. Where they needed support to make those decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and concerns and systems enabled them to be resolved in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

People were encouraged to share their views on how the service was run.

There was an open and transparent culture and there were systems in place to monitor and improve the quality of the service.

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 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.

We inspected An Darach House on 16 October 2018. The inspection team consisted of two inspectors. The inspection was announced.

We gave the service 24 hours' notice of the inspection visit because it is a small home and the people who live there are often out enjoying activities within the community. We wanted to offer people the opportunity to be involved in the inspection visit.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received from external agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spent time with four people who used the service. Due to their communication needs we were not able to have extended conversations with them so we also relied on observations and spoke with the family members of two people to get their views.

We spoke with three members of care staff, the manager, an Area Manager and the provider's Compliance Officer. We looked at the care records for three people who used the service, medicines records for those three people, three staff recruitment and training records, as well as a range of other records relating to the running of the service including audits carried out by the manager and the provider.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. A family member told us, "I think the home provides safe care." Another family member said, "[My relative] comes home to stay with us regularly and they tell us about what they are doing. We are assured that if they had any worries they would tell us."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Staff we spoke with demonstrated a good knowledge of reporting procedures including those for external organisations such as the local authority. One staff member told us, "Any issues go straight to my manager and we know how to go to the local authority safeguarding team to formally report any incidents or issues of concern." Another staff member said, "Our priority is to make sure people are safe here in their own home and outside when we go out. Safeguarding means as a team we do not tolerate abuse of any kind and our training is geared toward understanding this."

Since our last inspection the provider had supported some staff in the wider organisation to undertake extra training to enable them to train and support the staff team in safeguarding matters.

Where incidents or allegations of abuse had occurred, the manager had followed local safeguarding protocols and had notified us of the action they had taken. Records showed that the manager reviewed reports of safeguarding incidents on a regular basis.

Risks to individuals were assessed and staff had access to information about how to manage those risks. Staff described to us how they supported a person with specific communication methods in line with their risk assessment so as to minimise the risk of the person experiencing heightened anxieties.

Staff recognised how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. There were plans in place to guide staff about how to support people's behaviours. These plans included things that may trigger the behaviours and how the behaviours may manifest.

Records showed and staff told us they were trained to respond to those behaviours using least restrictive methods. The registered manager told us any physical intervention was used only if it was essential to keep the person safe. Their approach was based on recognised national models for intervention such as 'Positive Behaviour Support (PBS).' One staff member told us, "We use the approach to identify when a person is becoming distressed and quickly respond to divert the person through discussions about the things they are doing and are interested in. Knowing people well really helps us to understand what is needed and this reduces the need for interventions."

The provider had recently introduced a 'red flag' system which enabled them to highlight any concerns regarding incidents or risks so that managers were able to follow up in a timely manner. We saw an example of how this system enabled timely follow up action in regard to enhancing garden security following an incident.

People lived in a safe, well maintained environment. There were systems were in place to ensure safety in areas such as fire and legionella and control measures were in place to reduce these risks. Staff had received training in health and safety issues and how to respond if there was a fire in the service. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency.

People could be assured that safe recruitment practices were followed. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

There were enough staff employed to support people's assessed needs. The manager told us the home had experienced some issues with maintaining staffing levels during the past six months but that this had now been fully addressed. In addition, they told us they had recruited a bank of staff members who were only required to work as and when they were needed, for example to cover absences. A relative told us they had noticed staffing levels had increased recently saying, "We are happy with where we are with the home and more activities are being undertaken now the staffing levels have improved."

On the day of the visit we observed that people were supported in a timely and individual manner. Staff were available to support people to undertake their preferred daily activities and routines both in the home and in community settings.

We noted arrangements were in place to ensure there was appropriate management cover when the manager was not available. This included an on-call cover arrangement with other managers employed by the provider.

Medicines systems were well organised and people received their medicines as prescribed. Staff followed good practice guidance for safe storage, monitoring, ordering and disposal of medicines. Staff had received training in the safe handling of medicines. The provider had regular audits and checks in place.

The control and prevention of infection was well managed. We observed that all areas of the premises looked clean and there was equipment in place to reduce the risk infection spreading such as colour coded cleaning equipment. Staff received training to understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Staff had access to policies and procedures on infection control that met current and relevant national guidance and they had a good understanding of why systems for managing the risk of the spread of infection was important.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation, standards and evidence-based guidance. Care and support was planned taking into account people's diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Each person had a health care plan in place which could be shared with professionals in other environments such as hospitals. This helped to ensure the person received consistent person-centred care. Records showed people were supported to attend regular appointments to get their health checked. A family member told us that staff responded quickly and efficiently when their relative had any health issues. They said staff worked closely with specialist health professionals to make sure the care they provided was appropriate. They also said staff had kept them fully informed about their relative's progress.

We saw that staff had sought advice from external professionals when people's health and support needs changed. We saw there was a range of external health professionals involved in people's care, including Speech and Language Teams (SALT), psychologists and chiropodists.

People's nutritional needs were assessed and there was information in care plans detailing these needs. The plans also included healthier eating guidance and people's preferred foods and drinks.

People were supported to eat and drink enough. People told us and indicated to us through signing that they had access to food and drink whenever they wished. Two people showed how they were involved in planning their menus and how healthy eating was encouraged by staff. A family member commented that, "It's not just the actual care that is good; the food is provided based on what [my relative] wants."

The manager was aware of the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

People's needs around accessing information had been considered. People living at the home had varying levels of ability to verbally communicate and to understand written documents. The manager had ensured that people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against. For example, a wide range of accessible 'easy-read' documentation was in place. This included information about how people should expect to be treated equally, a safeguarding policy, a fire safety plan and the use of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported by staff who were trained to care for them safely. Staff were given an induction when they first started working in the service. Records showed and the manager told us that new staff also completed the Care Certificate. The Care Certificate is a set of national standards for staff working in health

and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us the training they received gave them the skills needed to care for the people who lived at the home. The manager had a training plan in place which showed what training staff had completed and were due to complete. The training programme included topics such as health and safety, medicines management, positive behaviour support and recording information.

We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately. For example, we saw staff using people's preferred methods of communication and demonstrating how to minimise assessed risks such as those related to epilepsy.

Staff told us they had regular supervision from the manager and were given feedback on their performance. We saw records which confirmed this. The manager also told us that she received regular supervision and support from her line manager which she found to be effective in helping her to develop her skills.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Throughout the visit we saw people were supported to make decisions about their day to day wishes and preferences. We observed people decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. Their care plans showed staff how people like to make decisions and what support they needed to do so.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had appropriately notified the Care Quality Commission (CQC) when DoLS applications had been submitted and granted. Six people were subject to DoLS authorisations at the time of our visit. We saw the manager and staff were working within the principles of the MCA and were meeting the conditions set out in the authorisations.

Staff told us and training records showed that they had completed training related to MCA and DoLS awareness and they demonstrated their understanding of the subjects through the approaches they took to supporting people.

Good

Is the service caring?

Our findings

We observed that staff were kind and caring towards people when they were supporting them and people looked relaxed and comfortable with staff. Observations and discussions with staff showed that they clearly knew people's needs and preferences and that they had time to listen to people. People's care plans recorded their preferences for how they were supported, along with their likes, dislikes and what was important to them. Staff also demonstrated their commitment to supporting and promoting people's independence and enabling people to make their own choices and decisions.

When preparing for trips out we saw staff enabled people to prepare in their own ways and at their own pace. One person who had chosen to go horse riding was supported to prepare the things they needed and independently put on their riding boots so they were ready. Staff gave encouragement as the person completed their activity communication board in advance of the activity. They demonstrated their understanding that this helped the person to remain calm and look forward to the activity.

One person chose to stay in bed until later in the day and to get up at the time they wanted. Staff were aware that the person liked to do this and respected the person's choice. When the person got up they chose to make a drink and some food for themselves. Staff were available to provide any support needed but we saw they also recognised the importance the person had placed on undertaking these tasks independently.

During the afternoon two people had chosen to sit together and to watch television. They both fell asleep on the sofa and staff sat with them but slightly apart so they would be available if needed but were discreet and enabled both people to sleep without interruption.

One family member told us, "I think the staff are very caring." Another relative commented that, "Some of the staff have been fantastic and are loyal to the home and the residents and us."

Throughout our visit we observed that staff paid particular attention to supporting people to maintain their privacy and dignity. They knocked on people's doors and waited to be invited in; they spoke with people about their care needs in private or in lowered voice tones; and they encouraged people to respect the privacy of the others they lived with. The manager told us that people were able to have locks on their bedroom doors although only one person had expressed the wish to have one.

People were supported to maintain relationships with family and friends. Family members told us they could visit at any time. During our visit one person was away staying with their family and another person told us about their family visiting them. Staff described how they supported one person's visits with their family by having a clear and agreed preparation process, without which the person found it difficult to enjoy the visits. The manager told us that they encouraged people to maintain friendships they had developed by supporting people to go to local clubs and attending parties with friends

The manager and staff told us they understood the importance of keeping people's personal information

confidential. We saw people's care records were stored in locked cabinets within a room that was locked when not in use. Computers were password protected and staff told us they always made sure that any information shared, for example with healthcare professionals was on a need to know basis. Staff were clear about the need to ensure information about their work and the people they supported was never discussed in their personal electronic communications or through social media platforms.

The manager showed us they and staff had the information and knowledge to support people to access advocacy services if they required such. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Good

Is the service responsive?

Our findings

Each person had a detailed set of care and support plans which were personalised to their own needs. They contained a comprehensive history about the person, including their life experiences and people of importance. The information was kept under regular review and updated in line with any changes needed. A family member told us, "The staff are good at keeping me in the loop and we talk about any specific changes as we go. It works well and I feel the processes for review are clear."

In their Provider Information Return (PIR) the manager told us about the process of goal planning for people to help them achieve their aspirations. We saw during our visit that the registered provider had recently employed a psychologist to work alongside the staff team and people's keyworkers to identify positive outcomes for people. The outcomes are broken down into smaller, achievable goals which enable progress to be easily measured.

Information in support plans included how a person communicated and gave guidance for staff about ensuring they provided choices for people. For example, one person's support plan guided staff to talk about what was happening on each day and not to focus on the next day or week unless the person wanted to as this would make the person anxious.

Staff told us handover meetings were held to enable staff to communicate any changes in need between shifts. For example, if people had an appointment, how people's day had been and any changes in care needs. A staff member said this was, "Effective in ensuring continuity of care for all of the people we care for."

Staff were clear about how to guide people to make choices. A staff member described how important it was to, "Not make assumptions. Even if we are offering a person some fruit we don't just show them the fruit bowl. We ask the person which type of fruit they want so we can be clear about their choices." We also observed that staff used pictures or signing as a reference to ensure people were fully involved in making their own choices.

We saw that people had been supported to choose and engage in a range activities and interests of their choice. An example of this was one person who told us about their interest in lorries and aircraft. They showed us their collection of models and how outings had supported their interest. Another person told us they enjoyed horse riding and we saw they had the opportunity to engage in this activity every week. Staff told us how the person's riding skills had developed to include small jumps. The manager told us that people's preferences and interests were one of the considerations when allocating keyworkers. They said they tried to match keyworker interests with those of the person. One person, for example, liked jewellery making and other crafts. A staff member also had a keen interest in crafts and got on well with the person and so became their keyworker.

Staff told us they understood the importance of individual and cultural differences and how to provide support in these areas if required. Care records reflected people's spiritual beliefs and how they were

supported to continue to follow any they may have chosen to or not to follow any at all.

People and their families had access to information about how to raise any concerns or complaints they may have. In addition to written procedures the information was available in a user-friendly format which included pictures and symbols that were recognisable for people. Family members told us the information and good communication from the manager had helped to ensure any issues were responded to and resolved as they expected.

As part of the on-going review processes the manager told us they had considered support needs when people reached the end of the lives. They spoke about having plans in place to ensure people's wishes were respected. One person's care plan included this information and the manager told us they had begun to gather the information for other people. They recognised how sensitive this matter was for people and their families to consider and had taken this into consideration when speaking with people.

Good

Is the service well-led?

Our findings

There was a newly registered manager in post and we saw that people knew who she was and responded positively when spending time with her. 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. In this report we refer to the registered manager as 'the manager' and the registered provider as 'the provider'.

Family members told us they felt the home was well-led. One family member commented that, "The manager has helped to get things moving. Any issues can be sorted together because the communication is there." Another family member added, "I speak with the manager regularly and they answer any questions I have clearly."

The manager promoted and supported fairness, transparency and an open culture for staff. Staff told us they felt the home was well managed and that they received good support from the manager. One staff member told us, "The manager is very supportive and clear about how we work as a team." Another staff member said, "The manager completes the rotas and is well organised. We are led well and the manager shadows the team regularly so she knows how we work and is able to give us feedback so we can keep improving." We saw the manager held regular staff meetings to ensure information was shared effectively and staff were up to date with issues that affected the running of the home.

Staff also told us they were confident that the manager and provider would respond quickly to any concerns they had. However, they would not hesitate to escalate any issues either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

The manager demonstrated a clear understanding of their role and responsibilities. They had processes in place that ensured the CQC and other agencies, such as the local authority safeguarding team were notified of any issues that could affect the running of the home or people who lived there. We saw the report and rating from our previous inspection was available to people and visitors, and easily accessible on the provider's website as required by law.

People and their family members were given the opportunity to have a say about the quality of the service through meetings and surveys. We saw the minutes of the last meeting in the home which showed that people had been given the opportunity to have their say. The manager told us they were in the process of reviewing the system of annual surveys. This was because the system did not always meet the needs of people and their family members and returned responses were often low in number.

In their Provider Information Return (PIR) the manager told us how they used up to date guidance and good practice initiatives to help improve the services provided for people. An example of this was the provider's commitment to the STOMP (Stopping over medication of people with a learning disability, autism or both

with psychotropic medicines) initiative. This is a national project launched by NHS England and other professional groups such as The Royal College of Nursing. The manager and staff demonstrated their understanding of the principles of the initiative and described how they used it to support people. The implementation of the initiative was also monitored as part of the provider's quality assurance systems.

There were systems in place to monitor the quality and safety of the services provided for people. We saw that the manager carried out weekly and monthly checks of areas such as medicines administration, safeguarding incidents and people's personal finances. Action plans were in place to address any issues they found. The provider's Area Manager and Compliance Officer also carried out regular quality assurance checks which included staff support systems, care and support planning and the environment. They also checked the progress and completion of any action plans to address highlighted issues. This enabled the provider to maintain a clear overview of the quality of the services provided and support the manager to make improvements where necessary.