

Kisimul Group Limited

Tigh Bruadair

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Tigh Brudair is registered to accommodate up to 13 people in two adapted buildings within the same grounds. People living at the service had a learning disability and / or autism. At the time of our inspection, 12 people were living at the service.

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

Incident analysis was not sufficiently detailed to fully support staff to identify any themes or patterns of people's behaviour. The management team had identified improvements were required and were taking action to address this.

Risk assessments associated with people's individual care and support needs to mitigate known risks had been completed. However, guidance for staff was inconsistent in places. The management team agreed to amend this immediately where required.

Staff turnover was high, the provider was taking action to review staff retention difficulties, and staff recruitment was ongoing. Agency staff were used to cover staff shortfalls. Staff recruitment checks were completed before staff commenced their role. Staff received opportunities to discuss their work, training and development needs.

The provider had safeguarding procedures to protect people against abuse and avoidable harm. Where safeguarding allegations had been made, action had been taken to report these to external agencies and they were investigated.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in their care and treatment as fully as possible and care and support maximised their choice, control, and independence.

Whilst there had been staff retention difficulties and new staff were being recruited, the staff team overall were an established and experienced team. Staff knew people well and understood what was important to them. Staff were respectful and treated people with dignity and respect. People were empowered to live active and fulfilling lives. Opportunities to engage in stimulating and meaningful activities, interest and hobbies including social inclusion were provided.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this

practice.

People received their prescribed medicines when required. Some people had experienced positive outcomes in the reduction of their medicines.

Infection prevention and control best practice guidance was followed, the service was clean and hygienic. The environment and layout of the service met people's individual needs.

People's dietary needs and preferences were assessed and planned for. Healthy eating was encouraged, and people were involved in menu planning. People were supported to access health services.

Effective communication methods were used to support people's different communication needs and preferences.

The provider had systems and processes to assess, review and monitor quality and safety. An action plan was in place to develop the service. Relatives were positive their family member received person centred care. Feedback from people who lived at the service was positive.

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

Rating at last inspection

The last rating for this service was Outstanding (published 10 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about another service ran by the provider and the concerns raised by the Local Authority, which included poor governance and oversight and inappropriate use of restraint. A decision was made for us to inspect and examine those risks. As a result, we undertook a comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Outstanding to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tigh Brudair on our website at www.cqc.org.uk

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our caring findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tigh Bruadair

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Tigh Brudair is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We observed staff engagement with people where possible and spoke with three people who used the service. We spoke with the deputy manager and area manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including audits and checks. We also reviewed the internal and external environment.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with six people. Staff were contacted and invited to provide feedback about working at the service. We received six responses from care staff.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures and meeting records.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong risks associated with people's individual needs had been assessed

- Risks associated with people's individual known care and support needs had been assessed. However, information was not consistently up to date or detailed. A person's recent external review by commissioners (who fund the placement) report, detailed the person required three staff when accessing the community. This person's risk assessment for this support stated two staff were required. We discussed this with the deputy manager who agreed to follow this up.
- Individual COVID-19 risk assessments were not person specific. Some people had underlying health conditions meaning a risk assessment was required. We discussed this with the deputy manager who agreed to take immediate action.
- Incident analysis procedures were not sufficiently robust to identify possible triggers and patterns to behaviours. There was a lack of robust action to understand the function to a person's behaviour. This had already been identified by the provider and action was being taken to make improvements.
- Staff had received accredited training in how to manage behaviours that could be challenging. Staff had completed incident records and actions, as per the provider's incident policy and procedure.
- Risks associated with the environment and premises including fire safety had been assessed and regular health and safety checks completed.
- Overall relatives were positive how risks were managed. One relative said, "[Name] gets agitated. They [staff] ring me when they do. It hasn't happened in ages. Or they'll ring if they're restrained." Another relative said, "No concerns, they're [staff] very open and honest with me. The problem I do have is there's not always good communication between the teams. Both managers are really good at their jobs but if I was to ring up and say something to the one team, the other team might not know."

Staffing and recruitment

- There had been a high turn over of staff and staff recruitment was ongoing. Agency and bank staff were used to cover staff shortfalls. Not all agency staff were trained in physical restraint and permanent staff reported this had a negative impact on them. The deputy manager told us how staff deployment was planned each day to ensure people's individual needs were safely met.
- A sample of the staff rota showed staffing had been less at times than the assessed amount of staff required. The deputy manager advised this to be correct but stated staffing had never been below safe levels the service had been assessed for. Records reviewed confirmed this.
- People told us there were always staff around and they felt safe. Relatives told us they believed staffing levels were safe. A relative said, "I'm reassured [name] gets the support they need but when I'm not there I don't know. They need constant care and attention I'm a bit worried at the minute, hearing about a few staff

shortages."

- Safe staff recruitment checks were completed before staff commenced their role. Staff had received a face to face interview, relevant pre employment checks including a criminal record check, induction, and shadowing opportunities. Relatives were confident staff were recruited safely. A relative said, "There is a very thorough vetting process which reassures me."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems and processes that provided staff with guidance of how to protect people from abuse and avoidable harm. Staff confirmed they had received safeguarding training and that they would not hesitate to use the provider's whistleblowing procedure, to report any concerns about staff practice.
- People told us they felt safe living at the service. One person said, "If behaviours happen, I stay out the way and chill out in my bedroom and let staff sort it out." Relatives all reported they were confident their family member was cared for safely. One relative said, "Yes, I have no concerns. It's been hard to see [name] over the last year but the last few months have been ok."
- Safeguarding incidents or concerns had been reported to external organisations in line with the local multiagency safeguarding procedures. This included completing internal investigations and taking staff disciplinary action if required. At the time of the inspection, there was one on going safeguarding investigation.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. Staff were following safe protocols for the receipt, storage, administration, and disposal of medicines. This included following STOMP principles; this is a health campaign to stop the overuse of medication to manage behaviours. This had resulted in positive outcomes for people.
- Staff had received training, including having their competency assessed and had access to the provider's medication policy and procedure.
- A person who used the service confirmed they received their medicines at regular times. Relatives were overall positive medicines were managed safely. A relative said, "As far as I know [they are managed safely]. There's an annual review with the GP."

Preventing and controlling infection

- The local authority had recently completed an infection prevention and control audit. Actions were required to make improvements. We found action had been completed as required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using personal protective equipment (PPE) such as gloves and masks 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This included the underpinning principles and key policy developments of choice, control, independence, and inclusion we expect learning disability services to follow. Support plans were based on people's individual care and support needs, and promoted choice making, independence and social inclusion.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.
- Staff gave good examples of how they met people's individual care and support needs. Relatives confirmed they were involved in their family member's pre-assessment. People who lived at the service had also had a transition plan (introduction to the service) when they transferred to the service based on their individual needs.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs. The staff training matrix confirmed staff had received expected training to meet people's individual needs. Refresher training had been booked where required.
- Staff were positive about the support they received. A staff member said, "The quality of the training is to a very high standard on all aspects of the role." Another staff member said, "I get supervisions every two months, and these are completed to a high quality. I have time to talk about my work, development and personal issues all the times whenever I need or want to."
- Relatives were confident staff had the required skills to meet people's needs effectively. A relative said, "Staff are always going for training sessions. There's two teams and each team have someone experienced."

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

- People's individual dietary needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Support plans provided staff with guidance of care and support required to meet people's individual needs.
- People told us they enjoyed the choice of meals and were involved in menu planning and how they could have snacks and drinks as they wished. Relatives were positive healthy eating was encouraged. A relative said, "I have no concerns about diet. When they were living at home their eating was shocking. Now they eat anything put in front of them."
- Food stocks were good and stored correctly. The service had a good food hygiene rating.

Staff working with other agencies to provide consistent, effective, timely care

- Procedures were in place to share information with external health care professionals to support people with their ongoing care. Each person had a hospital document used when attending hospital. This shared health needs and useful information to support staff to meet the person's ongoing care and support needs.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

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

- The layout and design of the service met people's individual needs and considered individual interests. For example, communal rooms reflected different themes people liked such as the seaside.
- People told us they were happy with their bedrooms, and we saw bedrooms were personalised to people's individual preferences and care and support needs. Relatives were positive about the environment, design, and layout of the service. One relative expressed some ongoing concerns about their family member's bathroom, and we shared this with the management team.
- People had access to a large safe and secure garden independently. Decoration and furnishings were of a good standard and robust to support people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were assessed and monitored. Staff had guidance to support them to understand people's individual health care needs. This included best practice guidance in relation to oral care.
- People were supported to access primary health services such as the dentist and optician. Also, specialist services such as speech and language therapists, occupational therapists, and psychiatry services. Recommendations made by external health professionals were recorded in support plan guidance for staff.
- People who used the service confirmed staff supported them with their ongoing health care needs. Relatives gave examples of external health care professionals involved in their family member's care. A relative said, "The community GP, the mental health service, the dentist, local hospital, all not a problem."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions. Best interest decisions had been made with the involvement of others such as relatives and or advocates.
- DoLS support plans provided staff with information such as why the authorisation had been granted and start and expiry date and any other required information.
- Relatives confirmed they were involved in the DoLS assessment process and best interest decision making

procedures.

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 Outstanding. At this inspection this key question has now deteriorated to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received personalised care and support that was respectful and met their individual and diverse needs.
- People who used the service told us they were happy and settled living at Tigh Brudair and were positive how the staff provided care and support. Relatives were complimentary about the caring approach of staff. A relative said, "Staff are always very pleasant and attentive."
- Staff knew and understood people's individual care and support needs and routines. Staff gave good examples of how care was person centred, they had a positive approach and caring approach. A staff member said, "Whilst some days are challenging, I truly love my job, I feel happy and relaxed whilst at work." Another staff member said, "I have learnt about the people I support through years of experience, building relationships and working with them."

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

- People were supported to be involved in their care as fully as possible. This included making day to day decisions about how they spent their time, what meals and drinks they had and activities they participated in.
- People who used the service confirmed they were involved in decisions about their care and support. They told us how staff respected their wishes and supported them to make choices. A person said, "The staff are alright, they help me a lot and they sometimes talk to me about my support plans." Relatives confirmed they were involved and consulted in their family member's care. A relative said, "I get copies of the support plans and can comment on anything."
- Staff gave good examples of how they support people in decision making. A staff member said, "I encourage the people I support in decision making by giving them free choice in many aspects of daily living and promote their independence by encouraging to make decisions and do things for themselves."

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence, was dignified, and respected their privacy. Our observations of staff engagement with people confirmed this. People required a high level of supervision for their safety, this was provided sensitively and respected people's personal space.
- People confirmed they were supported to develop their independence. Examples given included people participating in a variety of daily living tasks such as cleaning their bedroom. Relatives were confident how staff promoted independence. A relative said, "Yes, staff try. They use hand over hand to spread toast, [name] won't do it their own."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

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 Good. At this inspection this key question has remained the same. 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

- People received a pre-assessment and transition plan based on their individual needs before they transferred to the service.
- People received care and support that was person centred and based on their individual needs, routines, and preferences. People who used the service and relatives, were equally positive that care and support was personalised.
- Staff gave good examples of how they provided care and support based on people's individual needs. Our observations confirmed what we were told. During the inspection, people were supported with a variety of indoor and outdoor activities. This included, trips out for meals, shopping, and to an adventure park.

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's individual communication needs were understood and respected by staff. People's individual communication needs had been assessed and communication support plans provided staff with detailed guidance to maximise communication opportunities.
- Relatives were positive how staff supported their family member with their individual communication needs and preferences. We observed staff used effective and responsive communication methods when engaging with people. This reflected people's individual communication support plans.
- Staff gave good examples of how they met people's individual communication needs. A staff member said, "I support people in their communication needs by using their preferred method of communication such as Makaton (type of sign language), PECs (picture exchange communication) or speech."

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 lead active and fulfilling lives and were a part of their local community.
- People who used the service were positive how staff supported them with their interests and hobbies. They gave examples of recreational and leisure activities they participated in. This included, shopping, meals out, swimming, horse riding, trips to parks, seaside, and theme parks. Relatives were positive about the varied activities and opportunities available to people. A relative told us how their family member enjoyed the guitar and how they had a weekly visitor who played the guitar for them. Our observations confirmed what we were told.

- Staff demonstrated a commitment of continually supporting people to participate in activities important to them. A staff member said, "It's so incredibly heart-warming to see them out and about again, (referring to COVID-19 restrictions being lifted) laughing and smiling and enjoying the things they love. We are working hard every shift to get them out completing activities every day."

Improving care quality in response to complaints or concerns

- The provider had an effective complaint procedure. Where a complaint or concern had been received, this was logged, and action was taken in line with the complaint policy and procedure.
- People who used the service knew who the management team were and told us they would raise any issues or concerns if necessary. A person said, "I would talk to [name of the registered manager and deputy manager], they would listen and sort it out."
- Relatives who had raised a concern or complaint told us the response had been good. A relative said, "Occasionally there might be a problem, the manager responds."

End of life care and support

- The provider had end of life care documents to record people's end of life care needs and preferences. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life. At the time of the inspection, no person was receiving end of life care.

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 Outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems and processes that monitored quality and safety. This included regular daily, weekly, monthly internal checks and audits and covered a variety of areas such as health and safety and medicines management. The provider's internal quality and compliance team also completed periodic audits as did senior managers.
- Staff recruitment was a current high priority and action was being taken to address this. Some staff raised concerns about staff deployment. Our checks did not identify people were at risk. Some staff also raised concerns about the duration of a shift being excessively long. We discussed this feedback with the management team who agreed who to follow this up with staff.
- At the time of the inspection, an improvement plan was in place to develop the service. There was a clear staff structure and staff were aware of their roles and responsibilities and accountability. The registered manager was supported by an area manager who had regular contact with the service and a deputy manager.
- Some staff raised concerns about communication within the service. We shared this with the management team who agreed to follow this up. Other staff were positive about communication. A staff member said, "The managers are very informative and constantly keep us up to date with regular daily / weekly updates. They are very approachable." We saw there were communication systems such as a daily staff handover document, staff meetings, emails and memo's, a communication book and daily running records for each person.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. Information was displayed as required.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People were empowered to achieve positive outcomes. Care and support were personalised to meet people's individual needs, routines, and preferences. People who used the service were positive about the care and support they received. A person spoke about wanting to further develop their independence with a view to living more independently. The management team gave examples of how these aspirations would be supported.
- Relatives were positive their family member received care and support that was individualised. A relative said, "Staff try and do things to make [name] life better." Relatives described staff as meeting their family

member's needs, "Very well."

- Staff were positive about their role and demonstrated a clear understanding of the provider's vision and values. A staff member said, "The provider's vision and values are to promote the wellbeing, support and independence of the people we care for and to ensure they are safe and cared for to a high standard."

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

- The provider had systems, processes, policies, and procedures to support them in their responsibility in being open and honest if things went wrong.
- Relatives were positive about how the provider shared information, responded to concerns and described staff as being open and honest. All relatives we spoke with told us they would recommend the service to others.

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

- People were involved as fully as possible in decisions about the service. Creative and individual communication methods were used to support people to be actively involved. This included information being provided in easy read such as the complaints procedure, the menu and individual daily activity planners.
- Relatives were invited to participate in providing feedback about the service. Information received was reviewed, analysed, and used to further develop the service.
- Staff received opportunities to be involved in the development of the service. A staff member said, "I feel I am listened to and any ideas, concerns or questions I put forward are taken into consideration and dealt with appropriately."

Working in partnership with others

- Staff worked with external agencies and with internal specialist workers to support people to achieve positive outcomes. People's care records confirmed recommendations made were implemented.