

Kisimul Group Limited

Keyll 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

About the service

Keyll House is a residential care home providing personal care to six younger adults with a learning disability and/or autism. At the time of the inspection six were living in the service. The service can support up to six people.

Keyll is a new service that was registered with CQC on 13 September 2018. This was their first inspection.

People had their own rooms with en-suite facilities. There was a kitchen, several lounges and a garden for people to use.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were cared for by enough staff who were caring and treated them with respect and dignity. Staff knew how to keep people safe from harm and from becoming unwell. Health needs were met, and specialist professionals were involved as needed. Medicines were safely managed and how people's care was planned was personalised. Staff were recruited safely and carefully.

A clear system of leadership and governance was in place to ensure a quality service was developed for people. We found the registered manager and provider were keen to hear any ways they could improve the service following the inspection. Any feedback was immediately picked up and work started to further improve the service.

Complaints and concerns were responded to and fully investigated. We received a mixed response from relatives that included extremely positive feedback and some concerns. The concerns have been shared with the registered manager, with consent of the relative, to improve communication and outcomes for people and their relative.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Why we inspected

This was a planned inspection based on the service's registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Keyll House

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Keyll 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 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

This inspection was announced 48 hours in advance.

We gave notice of the inspection because people living at the service have complex needs and staff were given time to communicate with people that a visitor was coming to their home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

People were unable to communicate with us. We observed how staff interacted and communicated with people.

We asked the service to send a questionnaire to relatives, staff and professionals who know people and the service well. We received feedback from four families. No further feedback was received by staff and professionals linked to the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be comfortable in the care of the staff allocated to support their individual needs.
- Staff had received training in safeguarding adults and the provider had policies in place to keep people safe. The training educated staff to identify and respond to people whose behaviour could challenge and/or harm others and themselves. Appropriate restraint methods based on a risk assessment response were also part of this training.
- The registered manager and staff aimed to minimise the likelihood of physical restraint being used by staff. This included reflecting on incidents and getting to know people better. Pre-empting situations, improving risk assessments and behaviour support plans accordingly. Restraint was only recorded for times when a person could hurt themselves or others.
- A relative said, "My [relative] feels very safe at Keyll House and has developed a high level of trust with his key support workers. While occasionally [they] have difficult moments, [staff] engage with him to redirect his worries in a positive way. I have every confidence in the professional care of the staff at Keyll House."

Assessing risk, safety monitoring and management

- People had risk assessments closely linked with their care plans to keep them safe in the service and community. These were reviewed regularly, and staff, family and relevant professionals were involved.
- Methods were used to support people to contribute to their risk taking in the service and community. For example, by communicating in line with people's assessed need.
- Behaviour support plans were available for staff to refer to in order to support people safely and manage risks associated with behaviour that could challenge or place people at risk.
- Evacuation plans were in place and staff and people had practiced evacuating.
- The fire alarm was tested weekly and the system was maintained by a contractor. Weekly checks were in place that checked fire points, ensure the system was serviced and to check door seals and closures.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing for each person was in line with their assessed need. Two to one support was structured to support people to access the community and was kept under review to ensure people received the right level of support
- There was an emphasis on ensuring people were looked after by staff who knew them well. This had improved as the service had settled into a routine and staff had got to know people.
- The service had experienced some staffing issues since start up but had managed this by having experienced bank staff and staff from the provider's other premises. These staff received a home specific

induction and were shadowed to enable them to give effective support to people.

- Staff were recruited safely and carefully to ensure they were safe and had the right attributes to work with the people using the service.

Using medicines safely

- Staff administering medicines were trained, observed and signed off as competent to do so.
- Medicines were ordered, stored and returned safely.
- People had their medicines given as prescribed and records were clear and accurate.
- People's medicines were ordered in good time and systems were in place to ensure people had sufficient medicines supply so they could take medicines with them when they visited family, accessed the community and went on holiday.
- Systems were in place to support 'as required' medicines for pain, anxiety and behaviour that may challenge. The details of when and how these could be used were in people's behaviour support plans and care records but not held with the medicine records.
- People had 'as required' pain relief prescribed. We discussed how, given people's lack of ability to verbally communicate, the staff knew if the person required their pain relief. The registered manager told us about how they were learning people's reactions to many things including pain. There was no means, such as a pain scale or details available for all staff to ensure the response was consistent. The registered manager and provider started immediately to look at how this could be introduced.
- The registered manager told us reviews of people's medicines had reduced the need to use medicines to reduce incidents of behaviour that could challenge or put people at risk. However, the provider did not have systems in place to reflect on or evidence this. We discussed this on inspection and received a very positive response from the provider and registered manager to look at putting this in place.

Preventing and controlling infection

- The service ensured people were protected by good infection control practice that adhered to current guidance.

Learning lessons when things go wrong

- Incidents were reviewed for medicines and physical restraint. Lessons were sought from these to improve practice and staff training.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: 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

- People's physical, mental and social needs were holistically assessed. Their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes. The provider had considered how well people referred to the service would live together as part of the assessment process.
- Staff and management were alert to changes in people's presentation and the need to review them as and when needed. The provider's behaviour support team had constant involvement to enable staff to have the latest information available.
- External professionals were consulted and brought in as and when needed.
- A relative said, "Staff are sensible, offering firm guidance when [they] needs it, avoiding situations which cause [them] difficulty and redirecting him to activities he enjoys in a respectful way. They recognize that [my relative] has many capacities and skills."

Staff support: induction, training, skills and experience

- New staff received structured induction training including positive behaviour management training. The induction and probationary period were compliant with the Care Certificate. The Care Certificate was brought in to standardise the level of care knowledge for those new to this area of work.
- On completion of the care certificate staff were supported through a diploma qualification; this was to ensure that staff continue to learn and develop new skills.
- New staff received regular supervision throughout their probation period, and we saw that the registered manager had extended this where they felt the staff member needed more support.
- Mandatory training had been completed by all staff with systems in place to ensure this was reviewed within expected time scales.
- Staff received regular supervision and the registered manager was working to ensure staff had an annual appraisal.
- Staff had training in areas that reflected the needs of people living at the service. This included the safe use of physical interventions.

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

- People living at the service were encouraged to choose what they wanted to eat and drink and take part in

meal preparation where they could. Healthy choices were offered.

- Staff used a variety of communication methods to support people to make choices. For example, for one person they would show them what was in the cupboards to help them make a choice.
- Records detailed how staff had recognised or guarded against known risks such as choking and malnutrition.
- Cultural needs were respected. One person's relative came into the house on three occasions to give staff cooking demonstrations in preparing dishes to meet their relative's cultural diet.

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

- The service had developed good links with relevant professionals to ensure that people received consistent, timely, coordinated, person-centred care. These relationships continued to be developed as they got to know people's needs and responded to events that identified other professional support was required.

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

- The service had been designed around the needs of able-bodied younger adults.
- There were plenty of lounges where people could go with the support of their staff.
- There was a safe communal garden which people had open access to.

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

- People were unable to consent to their health needs being met. Appointments had to be planned and staff supported people to attend or the professional came to see the person at the service.
- People had hospital passports in place. We discussed these on the inspection as they included comments about individual communication methods used for people that other health professionals may not have available to them. The registered manager stated they would look at improving the information available to enable the continuity of care.
- There were good relationships with the local GP surgery in place. Evidence showed that people were reviewed quickly by the GP and referrals made for other services to support them live a fuller life. For example, referrals were made for occupational therapy, speech and language and dietician. Some of those referrals were taking time to come into effect.
- Everyone prescribed psychotropic medication had been reviewed by a psychiatrist in line with STOMP (Stop the Over Medicating of People with learning disabilities) guidelines, which is a National initiative to ensure that individuals with learning disabilities are not over medicated and medication is reviewed in order that they are not on medication longer than necessary.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- People's capacity to consent to living at the service and consenting to their care was assessed.
- Everyone was subject to a DoLS authorisation however, the staff ensured the least restrictive practice was used with people accessing the community. Appropriate risk assessments were in place to keep people and the community safe.
- Staff supported people to exercise as much control and independence as they could.
- One person's records showed an assessment by a psychiatrist had been attended by the registered manager as the person was felt unable to attend due to the adverse effect this could have on them. We discussed with the registered manager and other managers the importance of ensuring the best interests principle is always followed as the person had the right to attend their own appointments. The next appointment has been arranged to take place at the service and the registered manager stated they would ensure this visit was compliant with the MCA and the best interests principle.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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 were supported by staff who treated them with respect.
- We observed respectful and caring interactions between staff and people. Staff knew people well and attempted to anticipate their needs to avoid situations which might distress them.
- People's culture, faith and requirements to communicate effectively were met. Staff were aware that people may have needs related to their sexuality but were unable to express these appropriately. Systems were in place to manage this.
- People were supported to maintain relationships with those important to them and spend time with their families.
- The registered manager maintained close communication with family to support ongoing communication as the service develops.

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

- People relied on the sensitive support of others to have their communication needs met.
- Staff worked to enable people to have as much control of their care as possible.
- People had access to the community and times to follow interests. This had improved as staff got to know people and their likes, dislikes and observed preferences.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be as independent with their care and daily lives as possible.
- Staff were aware there was a need to enable each person to cope with change, noise and special occasions.
- People's privacy and dignity were respected.
- Staff acted to minimise distress. For example, ensuring one person's room decoration was minimised to reduce the impact on them.
- The registered manager told us, "We are working to support some residents with their Independence skills to be able residents to prepare meals and have more involvement in household chores. As a new service we are building relationships with the local community for our residents to have integration into the community by utilising local shops and amenities."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider specialised in providing residential care for young people with autism, learning disabilities and challenging behaviour.
- There was a strong person-centred culture at the service and people received individualised, tailored care. Some people had transitioned from the provider's school settings. This specialist knowledge was used to respond to people's needs in a manner that understood the ability of people living at Keyll House.
- Staff evidently knew people well and acted to pre-empt needs that could escalate behaviour that could be challenging.
- People at the service were living with autism and preferred order and routine. This was provided.
- People were encouraged to have input into their care planning as much as possible. Making day to day choices was seen as important and staff facilitated this as much as possible.
- People were supported to attend college or received tuition at the service.

The service demonstrated they were adhering to the principles of the Right Support. That is providing a good and meaningful everyday life.

- Compliance with Building the Right Support had developed as staff got to know people and the service developed.
- Family members gave mixed feedback about the quality and consistency of activity offered to people. We saw this had improved as the service had developed and the staff team supporting each person developed.
- People were encouraged and supported to increasingly lead full and active lives, to follow their interests and develop new interests.
- Personalised activities and daily access to the community were provided. Staffing levels were planned accordingly to ensure there were enough staff to support people to go out.
- People were being given the opportunity to develop interests and explore their hobbies.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate by using recognised communication methods for people living with autism or nonverbal communication. This included using photographs of familiar objects, foods and so on.
- Where people needed to communicate in specific ways, these were met. For example, one person used Makaton to communicate some needs. Makaton is a simple version of sign language.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. The policy and means to communicate was available to everyone. This included an Easy Read version to support people communicate non-verbally if required.
- Staff used their developing knowledge of people to identify when there may be a concern that needed to be explored with or for them.
- Complaints were investigated fully, and responses sent to the complainant. Feedback was sought to ensure the recipient was happy with the outcome.

End of life care and support

- At the time of our inspection, the service was used by people who were young and in good health.
- The service was aware that planning for end of life care would become more important as people become older. We discussed this with the registered manager who started to look at how they could include details in people's care records of end of life wishes. This would include communicate with family and those close to them to ensure all personal and cultural needs were respected.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Kisimul Group Limited specialised in supporting young adults with complex learning difficulties, challenging behaviour, autism and global developmental delay.
- Keyll House had been open for approximately 12 months at the point of the inspection. Time had been taken to get to know people and build a staff team able to meet their needs.
- The people living at the service had experienced different levels of residential and multi-disciplinary team involvement throughout their lives. The service had worked closely with other professionals in the development of the service.
- People needed time to settle and adjust to their new environment to successfully transition to living a happy, fulfilled life at Keyll House. The culture of the service was developing based on the provider's values of improving the outcome for people and providing "Exceptional residential care".
- We received mixed feedback from relatives about the development of the service which we have shared with the registered manager. They are working with those relatives to understand what could be better.

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

- Systems were in place to ensure the duty of candour was met.
- Responses to complaints included an apology as required.

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

- Systems and processes were employed effectively to assess, monitor and therefore improve the quality and safety of the service
- There were regular visits by members of the provider's compliance team and oversight from regional managers to monitor the quality and development of the service. Not all audits that had been completed showed actions had been taken to address issues identified. We discussed this on inspection and action had started to be taken to ensure this was clearly evidenced going forward.

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

- Staff and residents' meetings took place to discuss the development of the service and give ideas.
- Easy read and methods of communication were used to support people to ensure people could be engaged fully.
- The service had working partnerships with the local learning disability teams, social services and other stakeholders. Regular reviews were held, and all parties involved in a person's care invited to enable them to have input.

Continuous learning and improving care

- The provider had systems in place to ensure continuous learning and improving care.
- The provider and registered manager responded positively to the inspection and saw it as an opportunity to learn.
- The registered manager accessed local safeguarding forums, BILD (The British Institute of Learning Disabilities), Skills for Care and used CQC updates to ensure that they keep abreast of changes in legislation and any new initiatives that can help improve the care provided at the home.