

Kisimul Group Limited

Taigh Aisling

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

Taigh Aisling is a residential care home providing personal care and support for a maximum of six people with learning disabilities and autism. At the time of the inspection there were four people living at the service.

The care home has two floors and six bedrooms. Each person had their own bedroom and there are five bedrooms with en-suite facilities. People also had access to a shared dining room, a communal bathroom, lounge, kitchen and large garden with equipment people could use including a trampoline.

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.

The service was registered for the support of up to six people. This was in line with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People were supported to be safe as staff had been recruited safely and trained to understand each person's communication methods. Risks were identified and managed well. One relative said, "Getting [family member's] medicines right was key to their safe care. It is a gradual process though." People were supported by enough staff with the right skills to meet their needs. Staff applied their knowledge of safeguarding well and were confident to report concerns. People were supported with their medicines including reducing medicines where safe to do so. Lessons were learned when things did not go quite so well and actions taken were effective.

People were able to access food and drink when they wanted. Staff understood people's dietary needs including those associated with religious beliefs and values. People had choice and staff supported them to access a range of health and social care professionals. 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 outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control,

independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, their relatives and advocates were fully involved in all decisions about people's care and support. Staff treated people kindly, with compassion and respect. Staff supported people with their communication needs to enable people to have a voice and make choices. Staff listened to what people told them.

Concerns were acted on before they became a complaint. Staff understood when a person was unhappy about something and resolved this to the person's satisfaction. Policies, information and procedures were in place should any person require end of life care.

The registered manager had in their short time in post already implemented many changes. These included the environment and care practices, meaning people experienced more personalised support and a homelier atmosphere. This was achieved with lots of pictures, photographs, homely items, furnishings and adaptations which helped keep people and the premises safe. Staff were supported in their role. The provider worked well with others to help ensure joined up care.

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

Rating at last inspection

This is the first inspection of the service since it was registered in November 2018.

Why we inspected

This was a routine planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Taigh Aisling

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

One inspector carried out this inspection.

Service and service type

Taigh Aisling 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.

Notice of inspection

This inspection was announced. 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. We also wanted to make sure that people would be happy for us to visit them in their home.

What we did before the inspection

We reviewed information we had received about the service since it was first registered. We sought feedback from professionals who work with the service. We asked for information from the local safeguarding and quality assurance monitoring teams. This information helps support our inspections.

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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, a visiting area manager, a member of the provider's compliance monitoring team and four care staff. We also observed people's care to help us understand the experience of people who could not easily talk with us.

We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment, training, induction and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures. We looked at audit records, action plans and quality assurance records.

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding systems and protecting people from harm. Staff applied this knowledge confidently and effectively. One person smiled after staff helped them using calming techniques following a period where the person had been distressed.
- A relative told us that the registered manager had ensured that staff understood what to do to keep their family member calm, relaxed and safe.
- One staff member told us that they had previously reported concerns, these had been acted on to keep people safe. Another staff member said, "We get regular training about safeguarding people. They are at risk and we are there to protect them."

Assessing risk, safety monitoring and management

- Risks to people including medicines, accessing the community, travel and transport, restraint and eating were identified and managed safely. Risk assessments were detailed, regularly reviewed and linked to support plans to better support people.
- Staff used positive approaches to care such as relaxation techniques and quiet areas. This prevented and reduced the need for physical or medicinal interventions to support people to cope with their emotions and environment. We saw how people, when showing signs of anxiety were guided carefully to a quiet area.
- The registered manager ensured that all relevant safety checks and servicing of equipment and utility systems took place. Regular fire drills and fire system tests took place. Each person had an emergency evacuation plan and this provided guidance to keep people safe if there was a fire.

Staffing and recruitment

- An effective, safe and reliable recruitment process was in place including for any agency staff. There were enough staff to keep people safe. One person told us how they felt safe as staff 'looked after' them well.
- One staff member said, "I had to provide my passport, proof of my address, undergo a DBS (Disclosure and Barring Service) criminal records check as well as supplying at least two employment references." Staff were only employed once all necessary checks had been validated.
- Staff supported people promptly and this included accessing the community safely such as with one to one or two to one support. This enabled people to choose how to spend their time safely. We saw that people had been supported to go out for the day as planned.

Using medicines safely

- Staff were trained in the administration and safe management of people's prescribed medicines. Medicines' administration records (MAR) were completed accurately and daily checks were undertaken to

ensure medicines were administered correctly. One staff member said, "I was only authorised to administer medicines when I was competent."

- The registered manager supported the 'stopping over medication of people' (STOMP) principles. This helped reduce, where safe, the use of certain types of medicines and potential for overmedication. People's care records were detailed and included information for 'as and when' needed medicines to describe how people, who could not communicate easily, expressed pain or illness. One relative said, "Getting [family member's] medicines right was key to their safe care. It is a gradual process though."

Preventing and controlling infection

- There were effective systems in place to promote good standards of hygiene and infection prevention and control. People helped with routine cleaning of both their, and communal, rooms. Staff adhered to good hand washing practices and the use of protective clothing when needed.
- The home's environment was cleaned as well as the risk of cross contamination being reduced. One relative said, "[Staff] have really got on top of odours. It smells like a home should."

Learning lessons when things go wrong

- The registered manager and provider took on board learning from incidents. They embedded this and ensured staff were aware of the actions to be taken in future. For example, ensuring people could have their own space or be guided to a place where they could be more relaxed.
- Early sign of distress or anxiety that people experienced were acted on promptly. Changes were made to the way people were supported to remain calm and in response to known anxieties or distress as well as alterations to the layout of the home. One person told us how 'much happier' they were after this.

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: 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 staff team promoted people's physical, mental and social needs. People's care and support provision was based on their assessed needs.
- The registered manager was aware of the principles of registering the right support and promoting personalised care. They worked with health and social care professionals when assessing and planning people's care. People were supported, to spend time at the service at a pace they were conformable with before moving in permanently to the service.
- Staff used up-to-date guidance based on people's needs such as learning disabilities and autism.

Staff support: induction, training, skills and experience

- A planned programme of support was in place for staff including induction, working with experienced staff, regular training including non-physical interventions, food hygiene, safeguarding, health and safety and person-centred care. One relative said, "I am absolutely confident with the staff. They have made [family member's] life so much more fulfilling." One staff member told us, "The training here is the best I have had. Since the (positive behaviour support) training, we have had fewer situations which challenge us. People are much happier. It is also much calmer here too."
- All staff completed the Care Certificate. This training identifies a set of standards and introductory skills that health and social care workers should adhere to including assessments of competency.
- Staff upheld the standards expected of them including updates to training, supervision and mentoring. We saw that staff's training was effective in dealing with various scenarios they came across such as, supporting people to do things they wanted including going swimming or to a farm.

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

- People were able to choose what to eat and drink. Support to make food and drink choices was provided according to, people's known preferences, communication methods and any cultural and religious needs.
- People were encouraged to be involved in the preparation of meals. Healthy eating was promoted with home cooked vegetables and fresh fruit snacks. Plans were in place to support people at risk of weight loss or gain. One person's records included examples of them eating only certain meats and another a variety of healthy homemade options.

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

- The staff team worked well with external professionals including GPs, social workers and safeguarding authorities. This was important for people transitioning into adults' services and had resulted in the provision of more consistent care. The registered manager told us they had a greater say in when the timing

was right for people to move to the service. This meant less disruption to people already using the service.

- Staff completed detailed records of people's health appointments and daily tasks and activities. Staff had created a summary of important information which others may need to know such as when visiting or staying at hospital. This meant these details were available if the person was not able to tell others about their preferences themselves.
- Where referrals to health professionals were made, staff adhered to their guidance such as supporting people to avoid certain foods and taking further precautions in summer.

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

- The service had been registered for 12 months and in this time changes had been made to the building with further work planned such as a bath for a person who preferred this.
- Other adaptations included equipment to keep people safe and relocating the registered manager's office. For one person's recent diagnosis, further changes to keep them safe were in progress. People had also created art work to decorate various areas of the service. This was for visitors and staff to see what people's achievements were. One relative told us, "It's just so homely when you walk in."

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

- Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including those for people living with a learning disability and/or autism. This was based on the service being registered for the right support.
- Staff supported people to access a variety of health services including dentists, opticians and GP appointments. We found that because of this, people achieved effective outcomes such as good oral health. One relative said how settled their family member was now they had the right medication.

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.

- We found that people had been lawfully deprived of their liberty in their best interests and in the least restrictive manner. For example, by having the right staff support to access the community for attending college, using a trampoline, swimming and going out sightseeing or shopping.
- Staff implemented the principles of the MCA effectively by offering people choices in all aspects of their lives. For example, what to eat, clothes to wear and pastimes people liked to do including art work and designing patterns for bedding. Their relatives then had these designs made into items the person used.
- We observed that staff gave people time to consider what was being asked. Staff used various strategies and communications to help ensure people's choices were acted on. This could be by body language or using social stories. Social stories are individually created to help people understand a situation. One staff

member said, "We have to use our skills as people don't always tell us exactly what they want."

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: 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's equality and diversity was upheld in a positive way and this had helped develop a respectful and understanding culture. One person told us how much they liked their care staff and was seen interacting with staff who respected the person's communications. Another person was on a sofa watching their favourite programme which they told us, "Love it" whilst smiling and appearing very relaxed.
- Staff treated people with kindness and compassion. We saw that people were able to access all areas of the service, go to college and be supported based on their religious beliefs.
- Staff understood each person's communications and were skilled identifying signs and symptoms of distress. They used this information to sensitively adapt their approach. This meant people remained happier for longer and had more positive interactions. One staff member said, "It isn't always easy, we have to use our skills and judgement. People take time to adjust to their new surroundings and as time goes by we understand them better." A relative told us, "The staff have been absolutely amazing. It hasn't been an easy journey. They have been brilliant and persevering."

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

- Staff supported people whilst respecting their independence. People's care plans were detailed and provided person-centred guidance such as how to support people with oral care. People's care records and information was provided in the format people preferred including pictures and how to guide a person's hand with support from a staff member's hand.
- Staff had enough time to support people and meet each person's needs in a respectful way. We observed many positive interactions with people including when going to college, having fun and people being able to talk about their day and show staff how they felt.
- People used self-advocacy and relatives or advocacy services which supported people to be heard or spoke up on their behalf. One relative told us, "The [registered manager] listens to us. [Family member] can't speak but they can tell you things in other ways. We are here to stand up for their rights. We are confident they live their life as fully as possible."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy whether this be in the service or out in the community. Staff ensured people received care in the privacy of their bedroom and using calming language such as using a soft tone.
- Staff knew what to do if a person did not understand their actions. Staff were compassionate and thoughtful around such situations and took the problem away from the person rather than taking the person away from the problem. This had a positive impact on other people at the service where people lived meaningful lives. All relatives were complimentary about this.

- Confidentiality was promoted by all the staff and management team and records were kept confidential. Staff never discussed confidential matters in public.

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: 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's care plans were based on their individual needs and respected each person's individuality. Detailed record of people's life and health histories gave staff guidance on how to respond to people's needs in-line with their preferences.
- Staff had built good relationships with people including knowing how people communicated and when support was needed. Staff knew people's likes, dislikes and preferences. Relatives spoke positively of the care staff gave. There were many natural interactions between people and staff including good engagement and laughter. Staff shared people's humour with sensitivity to encourage communication.
- Staff supported people to do what they could for themselves including helping prepare meals or planting plants and vegetables.

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.

- The registered manager had a good understanding of the AIS. They ensured records were available for staff as well as pictorial systems to enable people to voice their wishes and make choices. Information from relatives helped inform care planning.
- Each person's care plan included the different ways that they communicated. This could be verbally, through body language or pictures. Staff had learned each person's communications well including one person who had their own sign language. The person liked teaching staff and showed us some of their communications which staff knew well.

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 with a wide range of social and educational activities. These included going to the provider's nearby college, making curtain and bedding designs, swimming, regular walks, animal husbandry and arts and crafts. One person had been supported to decorate their room with their own art work. People could also access the wider community using a taxi or the provider's own vehicles. People were also assisted to do their weekly shop on-line.
- People chose what and when they wanted to do something. Staff adapted people's day in a positive way according to the person. One person told us how much they were looking forward to seeing some fireworks using their means of communication. Another person was happy with their day having been to a farm, eaten

fish and chips and then gone on to college.

- A third person enjoyed helping with the weekly fire system tests and liked seeing various indications on the control panel. This helped foster additional skills and made the person feel valued. The registered manager told us, "[Person] likes this activity and it helps them to understand what a fire warning looks like."

Improving care quality in response to complaints or concerns

- People were provided with the means to access the complaints process such as easy read picture format. Staff told us how they would know a person was not happy with something such as by the person going to their room or changing their body language.
- Relatives knew how to raise concerns. Concerns were resolved before they became a complaint. Staff used various means of communication and listened with compassion to what people told them.
- People used the weekly residents' meeting as an opportunity to inform staff what had gone well and where changes may be needed. One staff member said, "We know when people are dissatisfied with something. It can be their language, a behaviour or other indicator the person is distressed or upset."

End of life care and support

- Although the service did not support people with end of life care, policies and procedures were in place should a sudden death occur. Staff could access end of life care training and how to approach the subject with dignity and respect. The registered manager told us how they would contact health professionals and others involved in people's care.
- Utmost consideration was given to the impact these discussions could have on people and the concept of death and dying. Information about end of life care was in an accessible format and would be shared with relatives when the time was right. Where appropriate, people's relatives or advocates as well as health professionals would make decisions in people's best interests.
- The registered manager explained they were in the process of gaining people's, and relatives' views in this area and would continue to review the process.

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: 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

- The registered manager had a definitive vision for the service including improving the environment, making it more person-centred and changing things based on people's individuality. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required. This fostered a culture of staff supporting people to live the lives they chose.
- Staff were happy in their role and committed to providing high-quality care and support. Staff praised the registered manager and told us they were 'approachable' and 'actually listened'.
- Good practice was identified and embedded to improve the quality of service. One staff member had developed a technique which helped a person's night time routine. This had become a regular part of the person's life and now all staff used this process to benefit the person.
- One relative said, "Since [Family member] moved into an adults' service [registered manager] has transformed their lives. [Family member] will always need some support and at [Taigh Aisling] we know they get it."

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 registered manager complied with legal requirements for duty of candour; they had notified us about various incidents such as safeguarding incidents when they had occurred.
- They understood the requirements of their role and the latest best practice guidance in relation to medicines, oral health, equality and communication. They used this information to improve systems and practice in the service. One relative praised 'how good communication was' from the service.

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

- The registered manager was passionate about making a difference to people's lives and kept themselves updated with best practice.
- The registered manager ensured staff had a clear understanding of their roles and what was expected of them in delivering high quality care. They knew all staff well and helped them develop their confidence and skills with support, encouragement and learning. One staff member said, "I learn every day. You never know everything." Good practice was shared at staff meetings and supervisions.
- The registered manager had robust systems in place for monitoring the service provision including spot checks of staff practice both during the day and the night. This information was analysed and where

required actions for improvement were put into place. The provider had effective monitoring systems in place to help drive improvement.

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

- There were strong links with the local community including colleges, members of the public such as when walking a dog, animal husbandry farms, swimming and going to the cinema. One person was proud to show us pictures of when they visited parents. Photographs showed people engaged with meaningful activities including gardening and designing items on a computer tablet.

Continuous learning and improving care

- Quality assurance systems and audits were effective in identifying and making improvements. A compliance team and area manager also supported the registered manager. Their support to the registered manager helped the service in meeting regulatory requirements.
- The provider sent a good practice newsletter to each of its services. This newsletter highlighted areas of good or best practice which management could use for ideas for their service. For Taigh Aisling individualised weekly activity planners were in place and highly visible for staff to access. This helped promote individuality and engagement with people whilst increasing the opportunities for hobbies or interests.
- Since taking up post the registered manager had facilitated many improvements, in relation to care approaches and the environment with further ones planned at the service.

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care such as social workers, care commissioners and health professionals. The registered manager told us, "It is essential that people only move here when the time is right for them and for everyone else living here. [The provider] has recognised the importance of this and empowered me to make these decisions as it is me who is here most of the time."
- One social worker in their feedback told us that the placement was 'lovely and in their professional opinion [person] had 'really thrived there' and each time they had asked them about their home the person had said, 'happy' so far.