

Kisimul Group Limited

Keyll House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Keyll House is a residential care home providing accommodation and personal care to up to six people with learning disabilities and/or autistic people. There were six people living at the home at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe, responsive and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People did not always receive the support they needed to enable them to pursue their interests or engage with activities which were meaningful to them. Staffing issues sometimes limited people's access to the community.

People were supported to develop their skills and to be as independent as possible.

Right Care

People's care was not always flexible enough to take into account their needs and preferences. The provider told us they were aware of this and had plans in place for a more flexible staff shift pattern to better meet people's needs.

People were supported by a kind and caring staff team who treated them with respect. Staff understood their responsibilities to protect people from abuse and knew how to report concerns should they need to.

Right Culture

There was a positive ethos at the service and people were involved in planning their own care and were encouraged to give their views about the support they received.

People's relatives were able to give their feedback about the support their family members received and their views were listened to.

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

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 good (published 18 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety and access to meaningful activities outside of the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the responsive and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to people being able to be involved in their local community. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always 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.

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

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Keyll House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Keyll House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service, including notifications of significant incidents

and information from the local authority. We used the information the provider sent us in the provider information return (PIR). 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

We spoke with one person who used the service and two relatives about their experience of the care provided. We spent time observing interactions between staff and people. We spoke with six members of staff including the registered manager, area manager and support workers. 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, policies and procedures. We spoke with two professionals who worked with the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us they felt people were safe living at Keyll House. One relative said, "I think [person] is safe and I believe they feel safe." Another relative said, "[Staff] seem aware of any risks, particularly when they go out in the community."
- Staff received safeguarding training and knew how to report safeguarding concerns to the local authority, CQC, and other agencies as necessary. A support worker told us, "If I don't feel things are being done, I have no hesitation going to the [local authority] or our area manager."
- The registered manager and area manager described how they and their team learned from incidents which had taken place in order to improve people's care. There had been several safeguarding concerns raised in relation to people's care. The management team took action in response to these and made changes to support in order to safeguard people.

Assessing risk, safety monitoring and management

- Staff understood individual risks to people. We observed that staff acted quickly in situations where if they had not intervened people's behaviours could have become a risk to themselves or others.
- Risks to people were regularly assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with epilepsy, there was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk from seizures.
- The provider had systems in place to ensure the premises were safe for people to live in. These included checks and audits of fire safety equipment and procedures, water testing, and the testing of other utilities as required.
- The service had a business contingency plan to ensure people would continue to receive care and support in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff on duty most of the time to provide people with safe care. There were a large number of vacancies at the service and agency staff were used to fill gaps in the rota. Rotas showed that on some occasions there were not enough staff on duty to meet people's needs. This was due to short notice staff absence or agency staff not being available. The provider was booking additional agency staff to try to address this.
- Staffing vacancies meant that people did not always receive the support they needed to fulfil social needs as reported on in the Responsive section below.
- The registered manager told us they recognised staffing was an issue and they were working to try to improve recruitment, however this was challenging due to a shortage of available workers in the adult social care sector.
- Staff were recruited safely. New staff members underwent appropriate checks, including verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. One relative told us "Staff support [person] to take their medication, they seem happy to take it in the morning and evening, we have no concerns."
- Staff received relevant training before they were able to give people medicines and the manager checked staff competency in relation to the administration of people's medicines regularly.
- Medication was ordered, stored and disposed of appropriately. Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment(PPE) effectively and safely. We saw that staff were not always using PPE in line with current guidance when providing personal care. We discussed this with the registered manager who addressed this immediately and communicated to the staff the changes they needed to make to their practice.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.

Visits for people living at the home were facilitated in line with the current guidance.

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 now changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 did not have enough opportunities to engage in activities that met their needs. Everyone living at the service was assessed as needing two staff with them to go out safely however staffing vacancies meant this level of support was often not available so people did not go out as frequently as they would like.
- Staff told us that they were often not able to support people to follow their interests due to there not being enough suitably trained staff on duty, due to the number of staffing vacancies. One member of staff told us, "[Person and Person] will just go on drives rather than follow their interests. Going for a drive is what we have access to and they need to go out."
- Records showed that people did not receive all of the support hours they received funding for to go out in the community. The registered manager confirmed that this was the case. Last year, one person had not been supported by staff to go out into the community for a period of four months before they started to be supported to go out again.
- We observed that there was a lack of structure to the support some people received. We saw that some people were walking around the service appearing to be bored with little to do. Staff were allocated on shift to support individual people but there was little planning in place for what some people would do during their support time.

Failure to enable people to be involved in their community as much as they wished was a breach of Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People did have access to some activities they enjoyed in their local community. One person enjoyed using public transport and they had been supported to do this on a number of occasions. People were also supported to go shopping and to visit local parks.
- The management team told us they recognised that people were not being supported to access the community enough and they had put plans in place to make improvements to this.

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 communication needs were not always met. Staff used directive language at times when

speaking to people which was not empowering. We heard staff telling people what to do on a number of occasions rather than making suggestions or asking people what they would like to do. We discussed this with the management team who told us that new communication training was going to be provided to staff to help them to be less directive.

- We observed that staff knew people well and understood what they were trying to communicate. One member of staff told us, [Person] will tell you what they want to do and will show you."
- The care documentation includes information about preferred ways in which the person likes to communicate. For example, one person used picture cards and their care plan explained to staff how to use these to communicate with them.
- Another person was supported to use now and next boards to enable them to know what to expect in the day and to give them a degree of choice for which activities they would like to do.

Improving care quality in response to complaints or concerns; End of life care and support

- Complaints and concerns were responded to appropriately. Relatives said they were aware of how to make a complaint if they needed to do so. One relative told us, "When I call [Keyll House] the manager does listen to me and is approachable, I am happy talking to him."
- The service had a complaints policy and procedures in place that provided guidance on actions they would take if a complaint was received. This included timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including a pictorial version.
- The area manager told us they were working on new formats of the complaints policy to better suit people's needs. This was being completed in line with the Good Communications Standards as set out by the Royal College of Speech and Language Therapists.
- The service did not support anyone at end of life at the time of our inspection. Policies and procedures were in place to help support people's needs at the end of their life, if needed.

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 Good. At this inspection this key question has now changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Good outcomes had not always been achieved for people due to staffing vacancies and a lack of structured support. These issues had existed for several months but had not been resolved at the time of inspection.
- At the time of inspection, agency staff had not received the training required by the provider for them to be able to support people in the community. This had a negative impact on people's opportunities to access meaningful activities. Following the inspection, regular agency staff were due to receive the required training which would enable them to support people in the community.
- There had not been sufficient planning with some people to identify goals and outcomes which meant that their support hours were unstructured and not spent in a meaningful way. We saw that the provider had identified this, and steps were being taken to improve support planning however these changes needed time to take effect.
- There was an effective system in place to monitor and improve other aspects of the care people received. The registered manager carried out a range of audits in relation to people's medicines, infection prevention control and health and safety.

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

- We received mixed feedback from relatives about how they were kept involved in people's care. One relative told us, "We are in regular contact two or three times a week. When we phone, we talk to the staff and they tell us what [person] has been up to." However, another relative said, "I would like a bit more communication, sometimes when [person] is stable I don't hear a lot about what happened. They communicate if something goes wrong which is rare, it would be nice to hear about what [person] has been up to with a photo." The registered manager told us they were trying to improve communication with families.
- There were regular residents' meetings at the service where matters, such as activities and menus, were discussed. Picture cards were used during these meetings to make them more accessible to people and the settings were recorded in a pictorial format.
- Staff told us they enjoyed working at the service and that the registered manager listened to their ideas. There were regular team meetings when the staff were able to get together to discuss people's care.

Continuous learning and improving care; 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

- There was a culture of trying to improve care at the service. For example, the provider had a positive behaviour intervention team who worked alongside the service. Accidents and incidents were recorded and analysed to look for evidence of trends and where improvements could be made.
- The registered manager encouraged an open and honest approach, providing staff with regular opportunities to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- The registered manager was fully aware of their legal responsibility to inform CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

Working in partnership with others

- The service worked in partnership with health, social care and education professionals who were involved in people's lives. External professionals we spoke to said that the registered manager and staff team worked well with them. One visiting professional told us, "[Person] has staff who really do care for them. I think the staff here are great." Another professional said, "I find [registered manager] to be responsive to my recommendations."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had failed to ensure that people were not isolated or were involved in their community as much as they wished.</p>