

# Kisimul Group Limited

# Tigh Lenach

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Tigh Lenach is a residential care home providing personal care to six younger adults living with learning disabilities and/or autism at the time of the inspection. The service can support up to six people.

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

People were protected from the risk of abuse and discrimination. Staff had received training in safeguarding vulnerable adults and were knowledgeable of the policies and procedures in place regarding identifying and reporting possible abuse. There were sufficient numbers of staff to meet people's needs.

People's risks were assessed and plans to mitigate them were detailed in care records. People had individualised behavioural support plans and people were supported proactively to prevent the risk of behavioural incidents occurring. When required, safe restraint techniques were used to protect people from harm. The use of these were under continuous review to ensure it remained safe, appropriate and the least restrictive option.

Safe medicines management processes were in place. Staff had supported people to have their medicines reviewed and reduced in line with the STOMP (Stop overmedicating people with learning disabilities) campaign.

Overall safe infection protection and control processes were in place and the risk to people of catching and spreading the COVID-19 virus had been reduced. However, we found some of the provider's procedures were not in line with current guidance which impacted on visiting arrangements. We continue to work with the provider to seek assurances that their practices are in line with current government guidance.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in the design and delivery of the service. A personalised service was provided which gave people as much choice and control as possible over their care. The staff worked with other healthcare professionals to ensure their practice was in line with people's best interests and staff were supported people to be as independent as possible.

The registered manager and staff were clear about their roles and responsibilities. Staff reported any concerns appropriately and the registered manager took accountability for the service. The registered manager was aware of their responsibility under the duty of candour. They told us they had an open and

transparent approach to their management of the service and would communicate with people and their relatives if mistakes had been made.

There was a comprehensive programme in place to review the quality and safety of the service. Where improvements were identified as being required, these were addressed promptly. There was a drive and dedication within the team to continuously develop and improve the service. The staff were in the process of trialling a number of projects on behalf of the provider to further improve practices and provide a more responsive service focused on improving outcomes for the people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 June 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received from Ofsted about one of the provider's other services regarding unexplained injuries on people using the service and poor joint working with other agencies. We also identified a pattern in the types of notifications CQC received from the provider. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Tigh Lenach

## 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

This inspection was undertaken by two inspectors.

### Service and service type

Tigh Lenach 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. Tigh Lenach does not provide nursing care.

### Notice of inspection

We announced this inspection the day before our site visit, due to the types of behaviour identified through the CQC notifications and to gather more information about risk management to ensure the safety of the inspectors.

### What we did before the inspection

We reviewed the information we held about the service including statutory notifications received about key events that occurred at the service and feedback from the local authority. 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.

#### During the inspection

We spoke with four staff members, including the registered manager, two senior support workers and a support worker. We reviewed five people's care records and records relating to the management of the service. We undertook general observations around the service and reviewed medicines management processes. The majority of people who use the service were unable to verbally communicate with us and the other person using the service did not wish to speak with us, therefore we could not ask them directly about their experiences of care. However, we did observe interactions between people using the service and the staff.

#### After the inspection

We continued to speak with the registered manager and seek clarification about the evidence gathered. We reviewed additional documentation relating to the management of the service and we spoke with two relatives.

# 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

- People were protected from the risk of abuse and discrimination.
- Staff had received training in safeguarding vulnerable adults and were knowledgeable of the policies and procedures in place regarding identifying and reporting possible abuse.
- Staff had appropriately reported concerns to the local authorities' safeguarding adults teams. Where staff performance concerns were identified the provider also undertook their own internal investigations, and if necessary, additional action was taken to protect people. This included supporting a staff member to attend refresher equality and diversity training to ensure their actions were not discriminatory or potentially viewed as offensive.

Assessing risk, safety monitoring and management

- People's risks were assessed and plans to mitigate them were detailed in care records.
- People had individualised behavioural support plans. These were person centred and provided detailed information about people including their expressive communication. Staff used this information to encourage people to communicate their needs in ways which were not challenging and to intervene early to prevent situations from escalating.
- People were supported proactively to prevent the risk of behavioural incidents occurring. Based upon analysis undertaken by healthcare professionals, the registered manager and their senior team, care records noted when and where behavioural incidents were most likely to happen. This meant staff could take action to prevent the occurrence of problematic behaviours by engaging and redirecting people to alternative activities and locations.
- In addition to assessing the risks associated with people's behaviours, staff also kept people safe through planned interventions. Staff were trained and skilled at intervening using a variety of techniques to support a range of behaviours. Where it was necessary and proportionate to the risk presented, staff employed safe restraint techniques to protect people from harm. Following each incident of restraint and supported de-escalation a detailed report was completed by staff and reviewed by the registered manager and healthcare professionals. This meant the practice of physical restraint at the service was under continuous review to ensure it remained safe, appropriate and the least restrictive option.
- The provider made adjustments to the environment to enhance people's safety. For example, where people presented with a risk of harming themselves against specific surfaces, cushioning material was fitted to reduce the risk of harm. These mitigating measures were taken in partnership with healthcare professionals such as psychologists.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The majority of people using the service

were receiving either 1:1 or 2:1 support from staff. Staffing levels took account of these needs. Rotas confirmed staffing levels at night were also sufficient to meet people's needs.

- Staff were allocated into smaller teams who worked on a rolling two week rota. This enabled consistency of staffing and good team working.
- There was an established staff team with good retention. There had not been any new staff recruited to the service within the last 12 months and therefore we did not include review of recruitment practices in this inspection. We will review recruitment practices at our next comprehensive inspection.

#### Using medicines safely

- The staff had supported people to have their medicines reviewed in line with the STOMP (Stop overmedicating people with learning disabilities) campaign. Staff told us the amount of medicines people were taking had reduced. For one person they were no longer taking any psychotropic medicines. For an additional three people they were being supported to safely reduce the dose of their psychotropic medicines with the hope that in the future they would no longer require this medicine.
- We saw there were relatively low levels of PRN (when needed) medicines used to control people's behaviour and when they were used this was in line with the PRN protocols and risk management plans in place.
- Medicines were stored securely. Stock checks showed all medicines at the service were accounted for and medicine administration records were completed correctly.
- There were safe procedures in place for people taking their medicines when doing activities in the community. A nominated staff member, with appropriate training, took responsibility for the storage of the medicine whilst in the community and appropriate paperwork was in place regarding the administration of that medicine.
- Staff received annual refresher training on medicines management as well as regular competency checks to ensure they had the knowledge and skills to manage medicines safely.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date. The policy relating to COVID-19 contained some old guidance regarding the use of face masks. We brought this to the provider's attention who said they would ensure the guidance was updated.
- We were not assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider had implemented a self-imposed household isolation in response to a positive COVID-19 test result within the staff team, that impacted upon visiting arrangements and was not in line with the current government guidance. At other times safe visiting practices were in place and the staff had started to support people to have visits out in the community and visit their families.

We continue to work with the provider to seek assurances that their processes are reviewed in line with current government guidance.



### Learning lessons when things go wrong

- There were clear processes in place to record incidents and accidents and identify lessons learned when things went wrong.
- The registered manager debriefed staff following incidents in which physical intervention was required in the person's best interests to keep them safe. These debriefs sought to find out if lessons could be learnt from incidents and whether staff required any further training or emotional support.

# 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 remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the design and delivery of the service. The staff used a range of tools and communication methods, including picture exchange communication systems, to obtain people's views and opinions and these were used to develop and deliver person-centred care.
- Staff told us their views and opinions were welcomed and encouraged. There were regular staff meetings and supervision sessions which included listening to staff and discussing how their practices could be improved. Staff described their relationship with other staff members as their 'critical friend' which enabled them all to reflect and evaluate practices to ensure they could support people to achieve good outcomes.

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 was aware of their responsibility under the duty of candour. They told us they had an open and transparent approach to their management of the service and would communicate with people and their relatives if mistakes had been made. The relatives we spoke with confirmed there was good communication with the registered manager. One relative described the registered manager as, "[The registered manager] is very good, very warm and encouraging. Her communication is very good. She's a very positive person." Another relative said, "She is very professional, friendly, helpful and enthusiastic in her role."

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

- The registered manager and staff were clear about their roles and responsibilities. Staff reported any concerns appropriately and the registered manager took accountability for the service. The registered manager understood their regulatory responsibilities and submitted statutory notifications to the CQC about key events that took place at the service so appropriate action could be taken.
- There was a comprehensive programme in place to review the quality and safety of the service. This included a regular programme of monthly audits undertaken by the staff at the service, as well as, bi-annual reviews by the provider's quality assurance team. Where improvements were identified as being required, these were addressed promptly.

Continuous learning and improving care

- There was a drive and dedication within the team to continuously develop and improve the service. The staff were in the process of trialling a number of projects on behalf of the provider. This included implementation of a digital software programme to have a more sophisticated approach to recording and analysing trends and patterns in incidents. They were implementing an 'active support system' which gave greater focus on supporting people to be more involved in setting and achieving their own goals to develop skills and become more independent. There was also a project to develop a competency assessment reviewing the use of positive behaviour support within the team.
- The registered manager was supporting staff to develop their skills which further promoted development and improvement of care, through identifying well-being, diversity and communication champions.

#### Working in partnership with others

- There were good working relationships between the staff at the service and other health and social care professionals.
- Staff worked closely in liaison with psychiatrists and psychologists involved in people's care. There was regular communication and staff took on board advice provided. Staff were also working closely with people's GP, their psychiatrist and the pharmacist in relation to the STOMP campaign and the reduction of people's psychotropic medicines.
- Staff had good working relationships local authorities, including commissioners, local safeguarding adults' teams, Deprivation of Liberty Safeguards leads and public health teams.