Kisimul Group Limited

Tigh Allene

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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 7 and 8 January 2019 and was announced. This was to ensure someone would be available to speak with and show us records.

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

Tigh Allene accommodates up to five people with learning disabilities in one adapted building. On the days of the inspection there were five people using the service however only one person was in the house during our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good however the Well-led key question had improved to outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a strong emphasis on continuous improvement and research was carried out into best practice. Governance was extremely well embedded in the running of the service.

The service had a positive culture that was person-centred and inclusive. Family members spoke very highly about the management team. Staff were highly motivated and proud to work for the service.

The service worked well in partnership with other health and social care professionals to improve outcomes for people.

Accidents and incidents were appropriately recorded and risk assessments were in place. Staff understood their responsibilities with regard to safeguarding and had been trained in safeguarding adults.

The home was clean and suitably adapted for the people who used the service. Appropriate health and safety checks had been carried out.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed. The manager and staff were working with healthcare professionals to reduce

people's needs for psychotropic medicines. Psychotropic means medicines prescribed to alter behaviour, perception or mood.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People were protected from the risk of poor nutrition. Care records contained evidence of people being supported during visits to and from external health care specialists.

Family members were complimentary about the standard of care at Tigh Allene.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

The service was person-centred and delivered support in a way that met people's individual needs. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

The service protected people from social isolation and was responsive to people's individual needs.

People and family members were aware of how to make a complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service improved to Outstanding.	**Outstanding**

Tigh Allene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 January 2019 and was announced. One inspector carried out the inspection.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service, so we carried out observations and spoke with three of their family members. We spoke with the registered manager, deputy manager, area manager, senior compliance officer, two care staff and one health and social care professional. We looked at the care records of three people who used the service and the personnel files for two members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe at Tigh Allene. One family member told us, "Absolutely safe, never any doubts." Another family member told us, "I can't fault the place [for safety]."

Appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

Staffing levels were regularly reviewed. There were sufficient numbers of staff on duty to support people and keep them safe.

The home was clean, spacious and suitable for the people who used the service. The provider had an infection prevention and control policy and procedure in place, and regular audits were carried out.

Incidents were recorded. These documented actions taken and lessons learned. Risk assessments were in place for people who used the service and described the nature of the risk, risk level, method of risk reduction/management, and review of effectiveness. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Incidents of a safeguarding nature were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibilities with regard to safeguarding and staff received training in the protection of adults. We found the provider understood safeguarding procedures and had followed them.

Checks were carried out to ensure people lived in a safe environment. Electrical installation and gas servicing records were up to date, and risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place, fire drills took place regularly and firefighting equipment was regularly checked. A protocol for emergency situations and evacuation plans were in place.

Appropriate arrangements continued to be in place for the safe administration and storage of medicines. Medicines were regularly audited and staff completed practical medicines competency assessments.

Some people were prescribed psychotropic medicines. Psychotropic means medicines prescribed to alter behaviour, perception or mood. These were prescribed in line with the provider's STOMP pledge and psychotropic medicines policy. STOMP stands for stopping over medication of people with a learning disability with psychotropic medicines. The manager and staff were working with healthcare professionals

to reduce people's needs for these medicines via reduction plans.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One family member told us, "We've been very happy with the care provided." Another family member told us, "They [staff] know [name] better than I do."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. New staff completed an induction to the service. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely.

People's needs were assessed before they started using the service and continually evaluated to develop support plans. People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as dietitians and speech and language therapists (SALT).

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 with appropriate legal authority. 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. DoLS had been applied for and authorised, and mental capacity assessments had taken place and were recorded. For example, the administration of medicines, consent to treatment, finances and restraint.

'Resident relative communications' records were maintained that documented any contact with family members. Updates were communicated to family members by telephone or email based on their preference and updates on any appointments the person had attended were communicated to family members the same day.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, dietitians, SALT and psychiatrists. Oral hygiene care plans were in place that recorded any special requirements and the frequency of dental check-ups.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Tigh Allene. One family member told us, "They give [name] as much choice as is possible really. It makes [name] feel like they are in control." Another family member told us, "They [staff] are very calming. They know the best ways to calm [name]."

Staff demonstrated a good understanding of people's individual needs and treated people with dignity and respect. We observed staff knocking before entering people's rooms. Preserving people's dignity was embedded in the service. The service held events to promote dignity, such as a 'Walt Dignity' barbeque where people were invited to attend as their favourite Walt Disney characters, and 'Strictly dancing for dignity', which was a themed workshop held in the village hall.

People were supported to maintain their independence where possible, and care records described what people could do for themselves and what they required support with. For example, "[Name] requires full encouragement, prompting and reminding to maintain a good level of personal hygiene" and "Carers should offer as much support and encouragement as required in order to promote full independence."

People's preferences and choices were clearly documented in their care records. Communication support plans were in place that described how people how people communicated and the level of support they required with their communication needs. People attended regular sessions with SALT to encourage and promote communication.

None of the people using the service had specific spiritual or religious needs, although some people visited the local church and attended coffee mornings there.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us one of the people using the service at the time of the inspection was using an independent advocate.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated, and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person such as preferred name, religion, allergies and emergency contacts. We saw these had been written in consultation with the person who used the service and their family members.

Support plans were written in a sensitive and thoughtful way that reflected people's life history, and likes and dislikes in great detail. Records described what the person could do for themselves, what they required support with and actions for staff to take. Individual goals were set and these were regularly reviewed and evaluated.

The service protected people from social isolation and encouraged them to take part in activities they enjoyed. People's individual hobbies and interests were recorded and 'activity sampling' was used to identify new activities that people may be interested in trying. Each activity was evaluated to see whether it had been a success. The person was fully involved in the process and was given the opportunity to choose activities they would like to sample.

Positive behaviour support (PBS) pathways had been developed by the management team to reduce the need for physical intervention. These included a comprehensive review of practice and were reviewed quarterly. The provider had a PBS lead who worked with the service to assess people's needs in this area and staff were appropriately trained. Assessments looked at previous incidents and daily logs, and identified triggers of behaviour. PBS plans were put in place and strategies were devised to support people and reduce the number of incidents.

End of life support plans had been sent to family members with an explanatory letter. The support plans were in an easy to read format however at the time of our inspection visit, none had been completed or returned by family members.

The service was complying with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were clearly recorded. These described how the person communicated and included detailed actions for staff to take to support the person in this area.

The provider had a complaints, suggestions and compliments policy and procedure in place. This was available in an easy to read format.

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led. The management team had embraced the provider's principal aim, which was to best meet the needs of people so they can reach their full potential and live as rich and rewarding a life as possible. Family members spoke very highly about the management of the service. One family member told us, "The management is excellent. We are welcomed straight away" and "They don't fob me off with anything. They are very on the ball." Another family member told us, "We've found the team to be professional and approachable. We are always impressed when we go to visit [name]", "We have a good relationship with [registered manager]" and "They [management] have a consistency of approach." A health and social care professional told us, "It's a lovely place to visit. They are really engaging with our service."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since December 2017.

There was a strong emphasis on continuous improvement. A new positive environment checklist had been implemented to assess whether the settings in which a person lives, works, or goes to school/college are structured in a manner that promotes and supports positive behaviours. Areas of good practice had been recorded and shared with the staff team. For example, the use of goal planning to support people to achieve desired outcomes such as becoming more independent, and use of the STAR model. STAR stands for settings, triggers, actions and results, and was used to identify why a particular behaviour or incident occurred. A service development plan was in place and reviewed monthly. This included identified areas for improvement, actions required, the benefits and outcomes, and timescale for completion. The provider produced a bi-annual good practice newsletter that was shared with their services so managers and staff could learn from each other.

Research was carried out into best practice and regular evaluations took place to ensure high standards of care. For example, the service used the PERMA model. PERMA stands for positive emotion, engagement, relationships, meaning and achievement. It was designed to support people to achieve a life of fulfilment, happiness and meaning. We saw an example of where PERMA had been used to support a person to become a more active member of the local community. This had helped to reduce the number of incidents of a challenging nature the person had been involved in. Research had also been carried out into activity support, which advocated changing the style of support from 'caring for' to 'working with' people to promote independence and encourage people to take an active part in their own lives.

Staff were highly motivated and proud to work for the service, and told us they felt supported by the management team. Staff told us, "[Deputy manager] comes around daily. There is good support" and "If ever we need [registered manager], they are at the end of the phone."

Staff were regularly consulted and able to feedback on the quality of the service. Staff surveys included questions on whether the management was effective, their understanding of the role, their understanding of what people wanted, whether they felt empowered to do the right thing for people, accountability, visibility of management, training, and understanding of the service's goals and objectives. The results of this

feedback were on a notice board in the dining room. We saw 96% of staff believed the registered manager was an effective leader, all of the staff felt they had a clear understanding of the service's goals and objectives, all of the staff thought the service had a clear understanding of what people wanted, and all of the staff felt empowered to do the right thing for the people they supported.

Performance management processes were effective and regularly reviewed. The provider's quality monitoring team carried out audit visits to service based on risk and supported the local staff team to improve standards. The provider had identified circumstances where the number of visits were increased. For example, if there was a risk that the quality of care may decline due to a registered manager leaving a service. Audits were carried out based on the CQC key lines of enquiry (KLOE). As a result of the audit, the service was graded and the result determined whether the risk level changed. Audit results were shared with staff teams so that action plans could be put in place for any identified issues. We saw there were five actions from the previous KLOE audit. Four had been completed and one was ongoing.

Governance was extremely well embedded in the running of the service. The registered manager completed a monthly quality assurance report. This was reviewed at the provider's monthly quality assurance meeting with the KLOE audit. Actions were added to the service's development plan. This was reviewed monthly and included any identified areas for improvement, actions required, ownership, the benefits and outcomes of the action, and date for completion. Debriefs took place at the end of every shift. These included a review of staffing levels, discussions about any incidents or concerns, and whether any changes to support plans and risk assessments were required.

The service used innovative and creative ways to enable people to be empowered and voice their opinions. People were involved in the recruitment of new staff. Feedback was obtained about what questions they would like asked at interviews. Candidates would spend time with the people, who would then provide feedback to the management team. The deputy manager provided an example of when feedback from people had resulted in a candidate not being offered a position at the service. The agendas for weekly residents' meetings were written in an easy to read format so people were better able to understand what was being discussed and be involved.

Family members could feedback on the quality of the service via surveys and regular newsletters were sent out.

The service worked well in partnership with other health and social care professionals to improve outcomes for people. For example, working with healthcare professionals and family members to reduce the use of psychotropic medicines, and using functional assessment reports to review recommendations and actions taken following incidents of a challenging nature.

The service had excellent links with the local community. People attended coffee mornings at the local church, and accessed local cafés, groups, pubs and shops.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.