

Kisimul Group Limited

Tigh Grianan

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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Tigh Grianan is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 Grianan specialises in providing supports to people with learning disabilities such as Autism whilst living with other complex needs such as epilepsy and mental health issues. These conditions made daily tasks an increased challenge.

At the time of our inspection there were six people living at Tigh Grianan. Most of the people living at the home were unable to engage in a full discussion. We were able to briefly speak with them at the home and observe how they interacted with staff.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At our last inspection we rated the service outstanding in Responsive and good in all other domains. At this inspection we found that evidence continued to support the rating of outstanding in Responsive and good overall.

People were at the heart of the service and their influence was seen throughout the home. The provider's philosophy was understood and shared across the staff team. People's right to lead a fulfilling life was enshrined in the ethos of the home. People and relatives felt valued by the staff team. They felt that staff often go 'the extra mile' for them, when providing care and support in response to people's needs and life goals. As a result, they felt cared for and that they mattered.

The registered manager had a positive approach to support people to achieve their goals. They ensured that risks were taken into account whilst upholding people's rights to make choices to enhance their lives and seek new activities. People had access to activities that were important and relevant to them, both inside and outside their home. They were protected from social isolation because of the support and opportunities offered by staff. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

Care plans were person centred with the involvement of people's relatives and health and social care professionals. Care staff respected people's individuality and encouraged them to live the lives they wanted. People's progress towards life goals was monitored and celebrated.

People and those important to them were encouraged to voice their concerns or complaints about the

home and there were different ways for their voices to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home. Planned improvements were focused on improving people's quality of life.

People and their relatives were involved in making decisions about their end of life care. Staff were trained to understand and support people's needs to have a comfortable, dignified and pain free death. Care plans documented people's wishes.

There were systems and processes in place to protect people from harm. People had their medicines administered safely. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. Robust systems were in place to protect people from unsuitable staff. There were arrangements in place to prevent and control infection and to keep people safe from harm.

People were happy and felt safe, their confidence and ability to be as independent as possible had grown since being at Tigh Grianan. Risks were managed effectively and people felt confident meeting new challenges with the support of the staff. There were sufficient staff to support people to take part in the activities they wished and be supported in meeting their individual needs safely.

People's needs were assessed before and when they moved into the home and on a continuous basis to reflect changes in their needs. Arrangements were in place for people moving into the service which helped to reduce anxiety about this change.

Staff were supported and received training that enabled them to ensure they could provide the care and support that met people's needs.

People had control and choice about their food choices. Staff supported people to be involved in food planning and preparation and supported them to eat when this was needed. People were supported to understand their own health and to have access to healthcare services. The staff worked with healthcare professionals and were effective in referring people for assessment or treatment when needed.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff understood and knew how to apply legislation that supported people to consent to care and support. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of DoLS and the MCA as well as their responsibilities in respect of this.

Relatives said they were happy with the kindness, thoughtfulness and compassion of staff. One relative said that the service is, "Truly a home and not just a house" whilst another said, "It is a warm and friendly environment."

People were cared for by staff that knew them well and understood how to support them. Staff treated people with compassion, kindness and respect. Relatives and friends were able to visit when they wished. People were encouraged to maintain and develop friendships in and outside of the home. Privacy and dignity were respected and promoted for example when personal care was undertaken.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Staff understood the values of the provider, that they worked as a

team and for the benefit of the people living at the home. The staff and the registered manager had support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the most responsive way possible.

The care service had 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service remains good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains outstanding. | Outstanding ☆ |
| Is the service well-led? The service remains good. | Good ● |

Tigh Grianan

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.

The inspection took place on 15 June 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The previous inspection was carried out on 12 May 2016. We rated the service Outstanding in responsive.

The inspection was carried out by two inspectors.

Prior to our visit we used information the provider sent us in the Provider Information Return (PIR) 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.

We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted seven health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with people at the service. We received a response back from four of them.

We met and spoke with all six people who lived at the service. Some people were able to talk with us about the care they received. We also carried out observations of people and their interactions with staff.

We spoke with the provider's group operations manager, registered manager, a manager, and three staff. We looked at the care records of two people living at the service, three staff personnel files, training records for staff, staff duty rotas and other records relating to the management of the service. We looked at a range of

procedures including safeguarding, mental capacity and deprivation of liberty, accidents and incidents and equality and diversity.

After the visit we spoke to four relatives.

Is the service safe?

Our findings

People were safe living at Tigh Grianan. Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support. A relative told us, "He is 100% safe because they meet all his needs. He is given the right support. He also has the right equipment to keep him safe. They know what to do in an emergency."

People were provided with guidance in a picture form about what to do if they suspected abuse was taking place. Staff were very knowledgeable about the safeguarding procedures, types of abuse and the local authority reporting details. Staff were clear about their role in safeguarding and the systems in place to protect people. A member of staff told us, "We have safeguarding training every year, it is one of the mandatory training that we do. Our role is to ensure that all people are kept safe no matter what. I would report all concerns to my manager, but have not had the need to so far."

The services' proactive approach ensured that people's human rights were not breached or violated. Where there needed to be a decision made to balance people's rights, decisions were taken in people's best interests. Where people exhibited behaviour that challenged the service which put people and themselves at risk of harm or abuse, systems were in place to protect them from harm.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professional such as a psychiatrist, GP or speech and language therapist (SALT). Staff were knowledgeable about people's needs, and what techniques to use when people were distressed or at risk of harm. Support and measures also were in place to keep people safe when visiting their family and when out in the community. Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised emergency evacuation plan that was regularly reviewed.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. A relative told us, "There is a good mixture of skills and genders. The staffing rotas were based on the individual needs of people. One staff member told us, "The duty rota is worked out to suit the needs of the residents, not the staff." People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed.

Medicines were administered, recorded and stored safely. People had their medicines on time and as prescribed and given by competent staff. Only staff who had attended training in the safe management of medicines were authorised to give medicines. Arrangements were in place to accurately record medicines administered. There was guidance for people who were on PRN [as needed] medicines. Records included details about the amount of these medicines people were given and the reason for the administration of the medicine.

People were protected against the spread of infection within the home and staff maintained appropriate

standards of hygiene. The provider had infection control procedures for staff to follow and carried out regular audits to check appropriate standards of infection control were being maintained.

Where incidents occurred, appropriate actions were taken to prevent them happening again. Accidents and incidents were recorded in detail and had been reviewed by the registered manager to identify any measures that could reduce the risk of a recurrence.

Is the service effective?

Our findings

People's needs and choices were assessed to ensure care, treatment and support would be delivered in line with their needs and wishes. Clear arrangements were in place when people moved into the home. Staff were caring and sensitive to help them with this difficult transition. To ensure a smooth transition, the registered manager visited their previous home first to gain information about the person, liaised with health and social care professionals involved and established a relationship with them. Staff also visited so they could get to know the person. Staff observed how staff from that home provided care and support and discussed techniques that worked and did not work for the person. A relative told us, "They were constantly in touch with the previous home, they talked about [family member]'s previous behavioural management plans that were in place, they discussed what worked and what didn't." They went on to say, "They really know him, they are so clued up about him." People's care and support needs were assessed prior to them moving into the home to ensure the service could meet their needs. This information was reviewed before a care plan was developed. Staff were able to build a picture of the person and their support needs based on the information provided.

People were supported by competent staff who provided individualised care and support to promote a good quality of life. Staff had received training appropriate to their roles and relevant to meet the needs of the people living at the home. Staff confirmed that new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. A relative told us, "Staff are very competent and well trained with a very good understanding of autism."

Staff told us they had regular meetings with their line manager to discuss their work performance and professional development. A member of staff told us, "I have supervision on a regular basis and we discuss the needs of service users, any incidents that had taken place, and any work-related issues."

People were supported to ensure they had enough to eat and drink to keep them healthy and in accordance with their preferences and cultural choices. The registered manager told us, "When people wanted takeaways, we will ask each person what they want. If six people choose six different takeaways, that is what we will buy. It is their choice, not ours." People choose what they wanted to eat throughout the day. Each person could choose from a library of pictures depicting different types of food. Where a person was at risk of malnutrition or dehydration, the person was referred to a dietitian for guidance and advice. A diet plan was created, their food and fluid intake was recorded to monitor what they ate and drank.

People had access to healthcare professionals that supported them to live healthier lives. People also had access to specialists who were experienced with people living with complex needs. People were supported by staff or relatives to attend their health appointments. A relative told us how staff supported their family member to a hospital appointment, "The hospital staff were fantastic but it was great having staff from Tigh Grianan there as well as they know them so well." Outcomes of people's visits to healthcare professionals were recorded in their care records. When people's needs changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals.

Staff work together to ensure people received consistent care when using different services. Information about people's care and support was also provided if a person required hospitalisation. This was called a hospital passport. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe during their stay in hospital.

People lived in an environment that that was adapted to meet their needs. Tigh Grianan had a sensory room that was equipped with items which created sensations that could assist relaxation, or stimulate people's senses. There was also a chill out room for people to use. A relative told us, "They have two lounges and a chill-out area for people to use, so everyone has a space, if they want to mingle they can and if they want peace and quiet they can have that too."

People's rights under the Mental Capacity Act 2005 (MCA) were respected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff supported people in a way that encouraged them to make choices about their care. assessments had been completed when people were unable to make decisions for themselves and who was able to make decisions on their behalf. When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority.

Is the service caring?

Our findings

People described the staff who supported them as kind and caring. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughed and were relaxed around staff. A relative told us, "I know that [family member] is happy here, they like the staff and are always happy to come back home (Tigh Grianan). I would know if they were not happy." Another relative told us, "It makes me feel so proud that they are living at Tigh Grianan. He [their family member] has turned into a young, mature and sensible person."

Staff ensured there was a strong visible person-centred culture at Tigh Grianan. A relative told us, "I fell on my feet finding this place, it meets all of [family member] needs. They love it." Another relative told us, "They have everything they need, their own room, their things around them, they have photos of the family and they love their room." The atmosphere in the home was calm and relaxed during our inspection.

Staff demonstrated how proud they were when they talked about people's development and growth. A member of staff told us, "I am so proud of how people have developed. They have come on so much. There is a huge difference between when they moved in and now." A relative told us, "It takes a lot of dedication and a lot of understanding on their (staff) part to provide such care, nothing is too much trouble for them." They went on to say, "My [family member] is so mellow now, they used to be so agitated and that is down to the staff and their support."

Relatives told us people living at Tigh Grianan got on well with each other and the staff genuinely cared about the people living at the home. A relative told us, "I feel confident and calm when we are out on a visit because staff will support my [family member] whilst I help and support my [relative]. Sometimes when I need help with my [relative] staff will help me as well." They went on to say, "This way we can go out and enjoy ourselves as a family, otherwise it would not be possible."

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had a detailed relationship map recorded on their file, this identified people who were important in their lives.

People were able to make choices about their daily lives so that they could maintain their independence. A relative told us, "I am really happy that [family member] is happy here. Staff treat [family member] in a positive way that respects their wishes. They are always encouraging them to communicate and be independent." Staff encouraged and supported people to do things within their capabilities such as cooking and cleaning their rooms. A member of staff told us, "There was no compromise about anything, what people wanted to do they could do as long as it was safe and risks had been identified and managed."

People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. For example, one person loved football and their room reflected their love of football. A person told us, "I chose what I wanted in my room, including what is on my bed." People's art work and pictures of activities were displayed throughout the home. People living at the

home had also created an empowerment tree, where staff had supported people to write messages to staff to support them to achieve their goals. Messages included being positive, creativity, empower me to achieve and knowing me well.

People's individual ways of communicating were recognised by staff. Information relevant to people living at the home was available either in easy read format, pictures or Makaton (a form of sign language) so people could make informed choices.

Staff approached people with kindness and compassion. A relative told us, "They are very good with people who have problems, they are very gentle, they are able to distract them." Staff treated people with dignity and respect. Staff called people by their preferred names. They interacted with people throughout the day, for example when attending activities in the home, they chatted whilst conducting tasks, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner. Personal care was provided in private and where people were distressed they were taken to quiet areas or out of the home, depending on their needs, so they had an opportunity to alleviate their anxieties in private.

Is the service responsive?

Our findings

At our last inspection we rated the service outstanding in this domain. At this inspection we found evidence that continued to support the rating of outstanding. People were at the centre of the home and staff responded to all of their individual needs and wishes. The registered manager told us, "This is their home, we involve people in everything we do." A relative told us, "This really is the best place for (family member). They really are clued up about his behaviour."

Health and social care professionals involved with Tigh Grianan said that the service was focused on providing person-centred care and support and achieved positive results. Comments from healthcare professional included, "Due to the daily programme followed by staff a person's goal of walking better has been achieved." People's seizures were becoming less frequent since moving into the home". Another health care professional wrote that, "A person had a seizure this year after almost two and half year's seizure free." People had access to specialist care and staff sought advice and guidance which was integrated into people's care and support plans. People's goals about their health and well-being had improved because of the support they received

People's care plans were person centred. A healthcare professional wrote about the information recorded, 'Great recording, up to date paperwork and assessments.' Each person had information recorded about what was important to them and what support they needed to achieve this. For example, one person needed support when showering due to a health conditions. Their en-suite shower room had been adapted to support them to stay as safe as possible. People had also written their own part of the care plan using their own handwriting and pictures and photographs. For example, one person's goal was to use public transport. The person had achieved this and there were photographs included of the person on a bus. Another example was for a person to be able to use cutlery independently. Again, this had been written by the person (with the support of their key worker) and photographs of their achievement had been taken.

All people at the home had a Disability Distress Assessment Tool (Dis DAT). This was intended to identify distress cues in people who, because of their cognitive impairment or physical illness have severely limited communication. It provided information about a person's appearance, vocal signs, habits and mannerisms and posture and observations when they were content or distressed. This was used as an observation tool that provided information to staff and other associated professionals about a person so they could support them appropriately.

People were supported by staff who understood their need to maintain their health and well-being. Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. Information recorded related to a change in people's medicines, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken.

People were supported with social activities and where appropriate education and work so they could live as full a life as possible. Staff had helped a person living at Tigh Grianan to set up and promote their own

cleaning business. The person told us, "I have a poster for my business, you can see it around the home, I help people clean other homes and get paid for it. The money goes toward cleaning products." They went on to say, "I really enjoy it." Other people attended college courses to help develop their skills in cooking, IT and advocacy.

Staff were devoted to ensuring each person found their lives were enriched by their experience of life within the service and their local community. Staff involved people living at the home in the choosing, developing and planning of every event. Activities included swimming, aromatherapy, going out with staff, art therapy and trampolining. Vehicles were available so staff could support people to go to their chosen activities including visits to family members and places of interest. The home also had events that the whole family could enjoy such as an 'Annual Family Fun day'. A relative told us, "It's a fun day out that all our family really enjoys. Its lovely to see them enjoy themselves."

The staff had taken steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. People living at the home were able to access information by using modern technology such as tablets and computers. All information was presented in picture form so people were able to make choices and that staff could inform and remind people of events such as healthcare appointments.

People had access to easy read information about how to make a complaint. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. We reviewed the complaints log and noted there were no complaints about the home in the last twelve months.

People and their relatives were involved in making decisions about their end of life care. Their care plan took into account language barriers, communication needs, ability to understand and capacity to make decisions. People's end of life care plans were in an easy read format. This ensured that people with communication needs understood the plan.

Is the service well-led?

Our findings

All the relatives we spoke to felt that the home was, "Truly a home and not just a house." A relative told us, "I would rate this home as 10/10. I have recommended this home to a number of people." Another relative told us, "It is managed really well and staff are very professional." A third relative told us, "He is very happy here and it meets all of his needs. I cannot fault it."

The service worked well and had built a good rapport with outside professionals for the benefit of people living at the home. Staff regularly attend various forums to discuss best practices and learning opportunities such as Learning Disability providers forum where they discussed safeguarding concerns, sharing data and ongoing concerns about MCA. We reviewed comments from health and social care professionals about the staff and home. One wrote, "Staff have been accommodating and have shown a wide range of knowledge of service user needs." Another wrote, "We have worked well together to provide the best outcome for [family member]."

The staff had the benefit of strong, focused leadership. The registered manager was supported by a deputy manager and a committed and motivated staff team. The registered manager said that she had an excellent relationship with the staff in the home and that they were all comfortable about being able to challenge each other's practice if needed. A relative told us, "She (the registered manager) will go that extra mile for you." They went on to say, "She will come in on a Sunday so she can see relatives. There is nothing she would not do for my [family member]." A member of staff told us, "She is a very good manager, she leads by example." During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living at the home and spoke with great compassion about them and her staff team. Any question we asked was met with detailed information.

People were involved in how the home was run in a number of ways. There were 'service user' meetings for people to provide feedback about the home. We saw minutes of the meetings that included information about each person who attended the meeting, photographs and a summary of their activities in their home and out in the community and any goals achieved. People were included on interview panels when recruiting new staff as well as greeting visitors.

There was an emphasis on continuous improvement. The views of people were at the core of quality monitoring and assurance arrangements. People and their relatives were seen as an integral part of developing and shaping the service. A relative told us, "We are always asked for our feedback." People living at Tigh Grianan were involved in some of the quality assurance checks that staff carried out. People accompanied and assisted staff when they were conducting checks. During our visit a person assisted staff conducting infection control checks. The provider also produced a 'Good News Practice Newsletter' to share best practices from other home owned by the provider and for staff and managers to learn from each other.

Staff were motivated and proud of the service. Managers developed their leadership skills and those of others. Staff were able to contribute through a variety of methods such as staff meetings, supervisions and events held by the provider. Staff told us that they were able to discuss the home and the quality of care

provided, best practices and people's care needs. The registered manager told us that managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues.

The provider had a system to manage and report incidents, and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding concerns had been raised appropriately and dealt with and notifications had been received by the Care Quality Commission.

People's care and welfare were monitored regularly to make sure their needs were met within a safe environment. There were many systems in place to make sure the staff assessed and monitored the delivery of care. These included monthly audits such as health and safety, medicines, infection control and care plans. Spot checks were carried out by managers of other homes owned by the provider to review the quality of care provided, some of these checks were conducted at night. An additional medicines audit was also conducted by an external agency.

A relative told us, "The staff and manager are approachable, they make sure we are told of any concerns they have." The registered manager had an open-door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring and encouraging. People said the manager was approachable and would discuss issues with them. Some people interacted and stayed with us and staff for most of the inspection, Staff encouraged them to be involved.