

# Together for Mental Wellbeing

## Kings House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Kings House is a care home without nursing for adults with enduring mental health conditions. It is a large converted house set in a residential suburb of Bournemouth. It is registered for up to 19 people, but accommodates up to 18. There were 18 people living there at the time of the inspection.

### People's experience of using this service:

People told us they felt safe living at Kings House.

Staff treated them with kindness and respect. They were supportive when people were worried or upset.

People's privacy, dignity and independence was respected.

People were pleased with their support at Kings House. Their needs and preferences were assessed, and a holistic support plan drawn up based on this, in consultation with them.

Assessments and support plans were regularly reviewed and updated. People were encouraged to be involved in this process.

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.

Staff actively encouraged people to be involved in planning and reviewing their support.

People received the support they needed to manage their physical and mental health.

There was a range of healthy and tasty meals. People had a say in what was on the menu and dietary needs were catered for.

People were encouraged and enabled to pursue hobbies and get involved in activities in the wider community. In-house activities were also provided, based on people's suggestions and interests.

Staff understood their responsibility to report concerns about neglect and abuse and knew how to do this.

The premises were kept in a clean and safe condition. Refurbishment was under way.

There were enough safely recruited staff on duty to provide the support people needed.

Staff were well supported through training and supervision so they could support people safely and effectively.

Medicines were stored securely and managed safely.

Lessons were learned when things went wrong. There was an open and transparent culture in relation to reporting and investigating adverse incidents.

People told us they would feel able to raise concerns or complaints with the manager.

The service had an open, positive, person-centred culture.

People and staff expressed confidence in the current manager's leadership.

The manager worked closely with staff and was readily available to them, and to people who used the service.

There was an effective system for the manager and provider to oversee Kings House and monitor the quality of the service provided.

Action was taken to address any areas for improvement that were identified through audits and incident reviews.

There had been a turnover in staff with the change in manager. The manager and staff acknowledged the

changes had been difficult and were enthusiastic about how the service was changing for the better.

Rating at last inspection:

Good (report published 9 September 2016)

Why we inspected:

This was a planned inspection based on the previous rating.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Kings 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector on both days.

#### Service and service type:

Kings House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager, but they had not been at work since July 2018 and had recently left the organisation. A senior member of staff had acted as manager since then. Recruitment for a permanent manager to become the next registered manager was under way. Having a registered manager is a condition of the provider's registration. It 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.

#### Notice of inspection:

We gave no advance notice of the inspection.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included notifications, which are information about important events the service is required to send us by law. The previous manager completed a Provider Information Return in July 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who lived at the service, to gather their views about the

service and the support they received. We also spoke with four staff and the manager. We looked at three people's care records, two staff files, staff training records, accident and incident records, and other records relating to how the service was managed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Staff understood their responsibility to report concerns about neglect and abuse and knew how to do this.
- Information about how to report abuse was displayed for people and staff. Safeguarding was a topic for discussion at house meetings.
- Concerns about possible abuse had been reported to the local authority in line with local multi-agency safeguarding adults procedures.

Assessing risk, safety monitoring and management

- Risks were assessed and managed with people's involvement, balancing a reduced risk of harm with the least possible restriction to people's freedom and independence.
- Risk assessments included information from people's health and social care professionals about previous incidents.
- People's assessed risks were addressed in their support plans and staff had a good understanding of these. Risk assessments included known triggers to and early warning signs of the person becoming mentally unwell.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.
- Some parts of the premises were starting to look scruffy. Refurbishment was already under way.

Staffing and recruitment

- There were enough staff on duty to provide the support people needed.
- There had been a turnover of staff in the past year. There were challenges in recruiting to staff vacancies and the service relied heavily on relief staff to fill vacant shifts. A person commented that although they were happy with the staff, they had found the changes disruptive.
- Staff had the training they needed to work safely and effectively. This included topics such as moving and handling, first aid, fire awareness, safeguarding and lone working.
- There were always pre-employment checks for new staff before they had contact with people who used the service. These included criminal records checks, obtaining a full employment history with an explanation of any gaps, and taking up references.

Using medicines safely

- Medicines were stored securely and managed safely. There were frequent checks to ensure medicines

were correctly recorded and accounted for.

- Staff who handled medicines were trained to do so and their competency was checked at least annually.
- People's needs in relation to medication were assessed thoroughly. Where appropriate, people were supported to take more responsibility for administering and looking after their own medicines.
- Some people took a particular medicine that needs careful monitoring as it can reduce people's immunity to infection. Care plans set out the signs that staff should look for, and arrangements for blood tests and supplying the medicine.

#### Preventing and controlling infection

- A domestic worker kept communal areas clean. People were encouraged to get involved with this, for example, by clearing up for themselves after meals.
- People were encouraged to take responsibility for the cleanliness of their own rooms, with any support they needed from staff.
- Staff had training in infection control and safe food handling.
- Protective equipment, such as disposable gloves and aprons, was readily available for staff if they needed this.

#### Learning lessons when things go wrong

- The provider had commissioned an open and thorough investigation into a significant event. Areas for improvement had been actioned before the report was finalised.
- Accidents and incidents were recorded on the provider's computerised system, enabling monitoring and analysis by head office staff.
- Medication errors were followed up openly and thoroughly. Following a spike in the number of errors, additional checks had been introduced to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were pleased with their support at Kings House. For example, a person told us how they valued their "freedom to go in and out".
- People's needs and preferences were assessed before they moved to Kings House, to ensure the service was suitable for them.
- Their needs were assessed more thoroughly when they moved in, in consultation with them, as a basis for their support plan.
- Support plans were holistic and personalised. They addressed people's mental and physical health, as well as social needs and living skills.
- Assessments and support plans were regularly reviewed and updated. People were encouraged to be involved in this process.

Staff support: induction, training, skills and experience

- People were positive about the staff who supported them.
- Staff told us they were well supported through training and supervision. When asked if supervision was useful, a member of staff replied, "Yes, definitely". Another worker described training as "very good", especially in relation to mental health. A further member of staff commented on how they valued informal on-the-job training as well as official courses.
- Training was provided face-to-face and online. Core training topics were covered at induction and refreshed at intervals of one to three years (depending on the topic). The manager monitored staff training to ensure it was up to date.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Meals looked appetising and people tucked into them. People were positive about the food, making comments such as, "The food's quite nice".
- A cook prepared lunch, as a main meal, on weekdays. People confirmed they were consulted about what was included on the menu.
- There was a second kitchen for people who chose to cook for themselves.
- There were facilities in the dining room for people to get their own breakfast and to prepare hot drinks. There was also a fruit bowl for people to help themselves to.
- People's dietary needs were recorded in their support plans.
- People received the support they needed to manage their health, including any assistance they needed to

arrange and attend appointments with health professionals.

- People regularly saw health professionals such as GPs, dentists, hospital specialists and community mental health staff.
- Support plans set out the support people needed to remain physically and mentally well. They also included triggers for mental health relapses, signs that indicated a deterioration in mental health and how staff should react to these. The plans included contact details for the person's mental health professionals.
- Staff encouraged, but did not force, people to be physically active and to eat healthily.
- The service was marking Nutrition and Hydration Week, an international event that promotes improvements in the provision of nutrition and hydration. There was a range of flavoured waters available, which people were encouraged to try. Staff discussed with them the importance of good hydration for health.

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

- People freely used the communal areas and garden.
- Access above the ground floor was by stairs only. People only had rooms upstairs if they were able to use the stairs.
- Quotations were being sought for the conversion of a downstairs shower room to a wet room, making it more easily accessible for people with mobility difficulties.
- People were encouraged to personalise their rooms with their pictures and personal effects.
- The manager and staff were consulting with people about decoration of the communal areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff checked with them before providing care and support.
- Care records contained details of people's consent.
- Staff had training about the MCA. They understood they should presume people had capacity to make decisions about their care unless there were grounds to think otherwise.
- The manager had assessed that one person lacked the mental capacity to understand the implications of residing at Kings House and leaving without support from staff. They had identified that the person could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with kindness and respect.
- This was reflected in all the interactions we observed between people and staff.
- People readily approached staff to request support or just to chat with them.
- Staff were supportive when people were worried or upset, providing reassurance without making groundless promises. For example, someone's pet was ill and needed to see the vet. Staff reassured the person realistically, without promising the animal would be alright.
- Respecting equality and diversity was inherent in the way the manager and staff supported people. Support plans set out aspects of people's characteristics, beliefs and preferences that were important to them.

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

- Staff actively encouraged people to be involved in planning and reviewing their support.
- People had regular discussions with their key worker about their goals, how things were going and any changes that might be needed.
- There were regular house meetings where people discussed what was happening at the service and any developments they would like to see.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's bedrooms as their private space, seeking permission before entering unless there were concerns about their safety.
- People had keys to their bedrooms.
- People's personal information was kept secure.
- Staff understood they had a duty of confidentiality. They only shared information with people's consent.
- Staff promoted independence, whilst understanding that some people wished to become more independent than others. People were encouraged to get involved in personal tasks, such as laundry, household chores and shopping.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was personalised to meet people's individual needs and preferences.
- People met with their key worker to plan and review their support.
- Support plans reflected people's physical and mental health and social needs. These were updated as people's needs changed.
- People confirmed they had the support they needed and that they had regular opportunities to discuss this with their key worker.
- There were more structured reviews each quarter and annually.
- People were encouraged and enabled to pursue hobbies and get involved in activities in the wider community. For example, one person had music lessons and had space in the lounge for their drum kit, which was set up with headphones to minimise disturbance to others. They were in the worship band at their church. Another person was a keen artist and had studio space in the summer house.
- Three people kept pets, for which they took responsibility with support from staff, for example, arranging veterinary appointments and online shopping for food and supplies. This was appropriately risk assessed and planned for.
- One of the senior staff oversaw the provision of in-house activities, which were based on people's suggestions and interests.
- The service complied with the Accessible Information Standard, which aims to make sure people with a sensory loss or impaired communication are given information in a way they can understand and have the communication support they need. Support plans flagged any support people needed to communicate or with their sight or hearing. Everyone at the service was able to communicate verbally.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, which was available to people in communal areas.
- People told us they would feel able to raise concerns with the manager.
- No formal complaints had been recorded since 2016.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness, and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open, positive, person-centred culture.
- People and staff expressed confidence in the manager's leadership. For example, a person described Kings House as "all positive". Staff comments about the manager included: "You can't fault her" and "She's doing amazing".
- Staff were enthusiastic about the person-centred ethos of the service. Those who had worked there since at least 2018 explained how this had become stronger under the current manager.
- The manager worked closely with staff and was readily available to them, and to people who used the service. Staff described her as approachable.
- There were regular house and staff meetings to involve people and staff in decisions about the service and to update them on developments.
- Regional managers and managers from other services spoke with people and staff when they visited to check the service, to obtain their views.
- A quality assurance survey was under way seeking people's and staff's views of the service.
- There was a transparent approach to incidents and near misses. The provider and manager acted in line with their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager, but they had not been at work since July 2018 and had recently left the organisation. They had not yet applied to cancel their registration. A senior member of staff had acted as manager since then. Recruitment for a permanent manager was under way.
- There was an effective system for the manager and provider to oversee Kings House and monitor the quality of the service provided.
- There were audits by staff, overseen by the manager. These included regular checks on medicines and health and safety. There were peer audits by managers of the provider's other services.
- The area manager visited regularly to support the manager and also audited the service.
- The incident reporting system enabled the provider's management to review accidents, incidents and complaints to identify any trends.
- Action was taken to address any areas for improvement that were identified through audits and incident reviews.

- Learning from incidents and audits was shared with staff at staff meetings or in supervision.
- There had been a turnover in staff with the change in manager. The manager and staff acknowledged the changes had been difficult but spoke enthusiastically about how the service was changing for the better.
- The manager had notified CQC of significant events and incidents, which is a legal requirement. The rating of good from the previous inspection was prominently displayed at the service and on the provider's website.

#### Working in partnership with others

- The service worked in cooperation with community mental health services and commissioners to support care provision and to develop the service.
- Staff communicated regularly with people's health and social care professionals.