

Together for Mental Wellbeing

Kirtling House

Inspection report

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Date of inspection visit:
15 January 2019
17 January 2019

Date of publication:
09 April 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Kirtling House is a residential care home without nursing that provides support to up to eight people with mental health needs. The service aims to support people to reach their potential, moving towards independent living and social inclusion. At the time of our inspection there were seven people living at the home.

People's experience of using this service:

People told us they were well supported by the staff and managers.

Staff were friendly and caring and treated people with respect. There was an open, inclusive culture and ethos within the service, which empowered people and promoted positive outcomes. The managers and staff engaged well with people using the service, their relatives, and external stakeholders.

Staff demonstrated a good knowledge of people's individual needs and preferences regarding their support. People were empowered to be involved in making decisions about their care and support and how the service was run. Any concerns were listened to and followed up appropriately.

There were systems and processes in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

People's medicines were stored and well managed to ensure their safe and proper use. People were supported to manage their own medicines within a framework of individual risk assessment.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have 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's needs were assessed and care and support plans were person-centred and reviewed.

People were supported to maintain their mental and physical health and the service had good relationships with external professionals.

There were flexible approaches to supporting people to budget, shop, and to eat and drink well.

The service was responsive to people's needs and staff listened to what they said. People were confident that any concerns or complaints they raised would be dealt with.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The service had been without a registered manager for over a year which has meant that the rating for the well led key question cannot be rated better than requires improvement.

More information is in the full report.

Rating at last inspection:

Kirtling House were rated Good at their last inspection (Report published 13 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Kirtling 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 carried out by one adult social care inspector.

Service and service type:

Kirtling House 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, both of which we looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people living at the home, the manager, deputy manager and two members of the staff team. We observed staff interacting with people and looked at a range of records

including recovery support plans for five people, recruitment files for three staff, training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided within the home.

Following the inspection we sought the views of six community health and social care professionals about the care and support provided at Kirtling House and received feedback from one.

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

- Staff received training in safeguarding people and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- People had access to information about safeguarding and how to stay safe. These subjects were also discussed at meetings that were led by people using the service.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible.
- Staff could describe people's risks and what they did to support people safely.
- People told us staff supported them to understand risks and stay safe, while respecting their freedom.
- People were involved in developing their support plans for managing risk. For example, in describing the things, symptoms or events that may indicate or trigger a personal crisis.
- The service worked closely with partner agencies to support people at times of increased risk in line with their support plans. A health care professional told us they had regular meetings with the service "To discuss how people are doing, any safeguarding, if the person is in the least restrictive environment or if they could manage in less supported accommodation".
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits.

Staffing and recruitment

- People told us there were enough staff with the knowledge and experience to provide them with any support they required. A person said staff were "Always here" if needed.
- The home was usually staffed by two recovery workers during daytime shifts and one recovery worker sleeping on the premises and available overnight. If not on site, managers were available on call at all times via the telephone.
- Staffing levels were monitored and reviewed according to people's changing needs. For example, a waking night staff had been deployed when a person's need for this was identified. As a result, incidents of the person self harming had reduced, along with the risk of hospital admission.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- Medicines administration systems were robust and well organised to help ensure people received their medicines when required.
- Staff had continued to receive training in the safe administration of medicines and this was followed by

competency checks.

- People were supported to manage their own medicines within a framework of individual risk assessment. People understood the reason and purpose of the medicines they were given.
- Medicines were checked regularly so that any potential administration errors would be identified quickly and action taken.

Preventing and controlling infection

- Communal areas were clean and staff received training in infection prevention and control.
- People were encouraged and supported by staff to keep their own rooms clean and tidy and to carry out weekly health and safety checks.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The provider and registered manager analysed this information for any trends.
- Staff told us that any incidents or safeguarding issues were discussed, so that learning took place and team responses were formulated.

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

- A pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any relevant staff training that may be required to meet the individual's needs. The provider promoted equality and diversity in the service through their policies and core values, which emphasised service user involvement.
- Staff completed training in equality and diversity as part of the provider's mandatory training programme, which also included training in service user leadership and involvement.
- Staff had a clear understanding of people's support plans and worked flexibly to enable people to maintain their wellbeing and achieve their goals.
- People told us they took part in reviews of their care and support plans and were supported in line with these. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's choices and preferences as their needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Relief staff received the same induction, mandatory and additional training as full time staff and worked regular shifts at the service. A person told us staff "Know their stuff". A health care professional said they "Found the care staff to be knowledgeable and recovery focused".
- Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's specific needs. Training included self harm, challenging behaviour, understanding psychosis, personality disorder, crisis management including de-escalation. Staff were also trained in psychological therapeutic skills such as cognitive behavioural therapy and mindfulness skills.
- Staff were currently receiving training about autism to help them respond effectively to a person's needs. Bespoke first aid training in relation to self harm and to allergies had been provided on separate occasions for staff and the individuals concerned.
- Staff had opportunities to gain additional qualifications such as an NVQ (National Vocational Qualification) or Diploma in Health and Social Care. A system was in place to track and record the training that each member of staff attended. New staff completed an induction and probation period as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.
- Staff received supervision and appraisals, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Staff confirmed they were well supported by the management team and could ask for advice or guidance when they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to eat well while respecting their choices. Four of the eight rooms at the service had a private kitchenette. People budgeted, shopped for and cooked their own meals, either in their own kitchenettes or in the main kitchen. Staff supported people where needed. A person told us they led a slimming and cooking club.
- Where there were concerns about people's nutrition, or professional input was required, staff supported people to get referrals to specialists via their GP.

Staff working with other agencies to provide consistent, effective, timely care

- Risk assessments and support plans were reviewed regularly and included, when appropriate, multi disciplinary professional involvement.
- People's key workers also worked with them to identify where specialist professional involvement would be beneficial in achieving their goals. Examples of this included arranging service visits from employment advisors, drug and alcohol services, and local council housing officers.
- A health care professional confirmed the service worked with them to support people, including at joint reviews. They also told us "The care plans that I have seen have been person centred and the risk assessments are appropriate".

Supporting people to live healthier lives, access healthcare services and support

- Each person was registered with a GP service and received support if needed to maintain good health. A health care professional told us "People are supported to make and attend their GP appointments if this is needed by the individual, and with other aspects of their health such as accessing the local gym and other community services and activities".
- There were regular meetings with the community mental health team and other health and social care professionals to discuss any issues. Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed.
- Each person had been involved in drawing up a detailed 'Staying Well Plan', which were updated as people reached different stages in their recovery and worked towards more independent living.
- Information leaflets, reading resources, support group information and advocacy details were updated regularly on the communal notice board. This also included free condoms and sexual health information.

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

- The premises were suitable for their purpose and the needs of the people living at the service, Maintenance of the building was carried out by the housing provider and there were systems for checking, identifying, and rectifying any issues.
- People were involved in choosing how the home was decorated and had recently painted a bathroom. There was also a 'Positivity' room, a quiet place people could use if they wished.
- People had also been involved in a project to transform the garden into a therapeutic space. Each person had their own plot which they used to grow fruit and vegetables.

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.

- There were no DoLS authorisations in place at the time of our inspection.
- Any restrictions on people's activities under the Mental Health Act (MHA) 1983 were recorded in their support plans and staff were aware of the reasons and the support guidance. Staff had been trained and showed an understanding of the MHA, MCA and the associated DoLS. Staff talked about the importance of providing information at a level the person understands and of choosing the most appropriate time and environment to have discussions.
- A health care professional confirmed that the service took into account people's mental capacity and consent.

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; equality and diversity

- People confirmed they were well supported by staff and had positive relationships with them. We observed that staff were friendly and caring and treated people with respect. There was evidence of a person centred team approach resulting in positive outcomes for people.
- This approach was supported by the training given to staff, which included equality, diversity and human rights training; and by the organisation's senior management, who staff said were "Very approachable and on the level. We're all humans".
- Staff were knowledgeable and understanding about how people's health and medical conditions could affect their lives. A member of staff told us people's "Self-belief is crucial. People may struggle to manage their emotions. We have a calm approach, taking things slow with people, building their confidence". One example of this was a person we spoke with who had been supported to gain confidence and was now going out, shopping and cooking more, which had given them a sense of achievement. Another member of staff said "The best thing for me is seeing people do well".

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

- People told us they took part in reviews and discussed decisions about their care and support with their key workers. A person told us all staff were "Helpful and friendly".
- People led meetings at which decisions were made about various projects, tasks and activities that took place within the home. People also participated in staff recruitment panels.
- There was information available about access to advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.
- People, their families and representatives were regularly asked for feedback about the service via surveys and any points raised were explored.

Respecting and promoting people's privacy, dignity and independence

- Feedback had been acted on to recruit male staff as some people said they felt more comfortable discussing sexual health issues with staff of the same sex.
- People told us staff respected their privacy and were available if support was needed.
- People's recovery support plans promoted their dignity and independence through a focus on what they could do and further steps they needed to take toward achieving their goals. One person had recently moved into their own flat and another into more independent supported housing.
- The service supported people to maintain relationships that were important to them.

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

- People confirmed the service was responsive to their needs. Recovery support plans showed a personalised and supportive approach was taken which encouraged people's independence.
- People were involved in developing their own recovery support plans and risk assessments. For example, in describing the warning signs, symptoms or events that may indicate or trigger a personal crisis.
- People had regular review meetings with their key workers, which took place at locations and times set by the person and were in private.
- Staff wrote daily reports in relation to the activities people did, health appointments they attended and the support that was provided. An on-going record was maintained of any changes in people's needs and how these were met on a daily basis. Handover meetings were held daily and helped to ensure staff had accurate and up to date information about people's needs.
- The service ensured the provision of accessible information and communication support to meet individual needs. A person who had difficulties reading and writing was supported by staff to create pictorial shopping lists, which enabled them to access the community independently for food shopping.
- People were supported to move on to more independent housing and support arrangements when they no longer required a residential placement. The service offered people outreach support to assist them during the transition to more independent living.
- The service had introduced peer support volunteers, with lived experience of mental health issues, to provide people with additional support. One person who had social anxiety had requested peer support to go to a local football match and this had been a positive experience.
- There was a weekly group/activity schedule based on what people wanted to do, which included art, yoga, cooking, cycling, bingo, music and film. These were facilitated by people themselves and/or staff and reviewed during house meetings. The service was equipped with resources to support people's interests. A person had identified playing music and painting was useful when they felt mentally unwell and the service had plenty of musical instruments and art resources available for communal use. A song writing workshop was currently running in conjunction with a music project charity.

Improving care quality in response to complaints or concerns

- People told us that they would be comfortable raising any complaints with the staff or manager and they were confident they would deal with the matter confidentially and effectively.
- A complaints process was available and the policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. No complaints had been received since the previous inspection.
- Staff had advocated for a person in making a complaint to a health care service. The health care service had responded and made changes to the service the person received.

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

RI: While leaders and the culture they created promoted high-quality, person-centred care, it is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The service had been without a registered manager for over a year. This has meant that the rating for the well led key question cannot be rated better than requires improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they liked the staff and thought the service was well managed.
- A health care professional confirmed that in their experience the service delivered high quality care, in particular "Working in a recovery focused way and staff being kind and caring"; and "Working to increase people's confidence, working from a strength based person centred approach".

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

- The manager told us they were going to apply for registration.
- The service was well organised and supported by a motivated staff team, which helped to ensure the planning, ongoing assessment and review of service delivery was effective and opportunities for improvement were acted upon. A robust system of regular audits of the quality and safety of the service took place. Records showed that any actions identified through the audits were followed through to completion. The manager had a plan for the continuous development and improvement of the service.
- There were clear lines of accountability within the service. The provider had a clear vision and values that were shared and discussed within services. Staff spoke about "A very cohesive team spirit here" and "Maintaining a good team dynamic and ethos", in which "All feel supported".
- The provider and the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

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

- There was an open, inclusive and empowering culture within the service. Records of team meetings confirmed that staff were asked for their input in developing and improving the service.
- Staff had a well-developed understanding of equality, diversity and human rights and put this into practice. For example, a person had felt able to speak openly with staff about their sexuality and had been offered resources around LGBT awareness and local support groups in the area.
- There was a strong ethos within the service of supporting people to be as independent as possible. People continued to receive outreach support after they left the home to enable them to become established in

their new situation. Peer support was offered to individuals and groups within the community and could also remain in place after people moved on from the service.

- There was a clear focus within the organisation on involving people who used services. This included participation on policy decision making panels and auditing of services. Grants were available to individuals and groups to promote involvement and self-leadership.

Continuous learning and improving care

- The provider used feedback to drive improvements in the delivery of care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. The views of people using the service were also sought via meetings with their key workers.

- Staff also had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any issues or concerns with the registered manager and were confident that they would be addressed. A new bespoke online recording system had been installed and further improved following feedback from staff.

- Managers meetings were held each month and were used as an opportunity to share good practice with other managers.

Working in partnership with others

- The service worked in partnership with other agencies to support people's needs and promote good practice. This included community mental health teams, drug and alcohol advisory services, GP surgeries, supported housing projects and employment agencies.

- The service encouraged and supported people to engage with the wider community, to assist them in building relationships with other support networks for when they moved on. An example of this included a housing officer visiting the home to talk with people.