Together for Mental Wellbeing

Kirtling 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

This inspection took place on 1 and 2 September 2016 and was unannounced. We last inspected the service in February 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Kirtling House is a care home without nursing that provides support to up to eight people with mental health needs. On their website the service states their aim is 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.

The service had a registered manager who registered with the Care Quality Commission (CQC) on 4 April 2016. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

Staff were professional and skilful when working with people. Staff knew how individuals liked things done and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People received support that was designed to help them meet their personal goals. Support was person centred and incorporated their personal preferences and needs. People said staff knew what they were working on and what they were able to do for themselves. People confirmed staff helped them to work towards their individual goals for recovery and increasing independence.

People received appropriate health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

People were protected from the risks of abuse and from risks associated with their support provision. They were protected by recruitment processes and people could be confident that staff were checked for suitability before being allowed to work with them.

There were sufficient numbers of staff on each shift to make sure people's needs were met. People benefitted from staff who received training to ensure they could carry out their work safely and effectively

People's rights to make their own decisions were protected. The manager and staff had a good understanding of people's rights to make their own decisions and ensured that decisions were not made on behalf of people unlawfully.

People knew how to raise concerns and felt they were listened to and taken seriously if they did. Staff were clear on what actions they should take should anyone raise concerns with them.

People benefitted from staying at a service that had an open and friendly culture. People felt staff were happy working at the service. People's wellbeing was protected and all interactions observed between staff and people at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

Risks related to the premises were assessed and monitored. Checks were in place and action was usually taken to address any identified risks. However, on occasions we found some actions, although identified as needed, were not always monitored to ensure they had been completed. We have made a recommendation about the management of issues and remedial work identified during routine audits, servicing visits and risk assessments of the premises.

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. People were protected from abuse because staff knew how to recognise signs of abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and knew how to make DoLS applications if required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

Staff worked well with people, encouraging their independence and supporting them in what they could do.

The relationships between staff and people using the service demonstrated dignity and respect at all times.

Is the service responsive?

Good

The service was responsive. People received support that was

personalised to meet their individual needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home, although actions identified from audits were not always addressed within the timescales set.

Staff were happy working at the service. They felt supported by the management and felt the support and training they received helped them to do their job well.

Kirtling House

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 unannounced inspection took place on 1 and 2 September 2016. It was carried out by one inspector on both days.

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 looked at all the information we had collected about the service. This included the PIR, the previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with three of the seven people using the service. We spoke with the registered manager and five recovery workers (support workers). We observed interactions between people who use the service and staff during the two days of our inspection. After the inspection we sought feedback on the service from four social care professionals and two healthcare professionals. We received feedback from one social care professional and one healthcare professional.

We looked at three people's recovery support plans, associated documentation and medication records. We looked at the staff training log, staff supervision log and the recruitment files for the two members of staff employed since our last inspection. Medicines storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, utility service certificates, fire risk assessment, legionella risk assessment, fire safety checks and the complaints and incidents records.

Good

Is the service safe?

Our findings

People were protected from the risks of potential abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service. One person told us, "Staff were really good when I moved in. I was scared at first but then I realised I didn't have anything to be scared of."

Each person had an in-depth "Barriers to Safety" risk assessment that assessed and identified risks specific to the person. The risk assessment looked at different areas of a person's life and included: social risks; potential for neglect; physical or medical risks; suicide/harm; substance misuse and other risks to the person such as the risk of exploitation by others. Once any risks had been identified the person and their named recovery worker (key worker) would develop a risk management plan that was reviewed monthly in key working meetings.

People were supported to take risks to improve their independence whilst any known hazards were minimised to prevent harm. Risk assessments were in place to support people to be as independent as possible. For example, risk assessments and plans for people working towards self-medication. During our observations we saw staff were aware of the risk reduction measures in place and were supporting people to carry out activities in a way that minimised the risk of harm.

The staff monitored general risks, health and safety and maintenance needs as part of their daily work. Other premises checks were carried out. For example, legionella risk assessments, six monthly checks of the lift and annual portable electrical equipment checks. Checks of hot water temperatures were carried out and documented. Thermostatic mixer valves were in place on the bath and/or shower hot water outlets to reduce the risk of scalding. Staff said any maintenance issues were dealt with when identified. They explained the maintenance department worked on a priority scale with high priority work being carried out very quickly.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded on the provider's online system, in people's recovery support plans and reported to the Care Quality Commission as required. The registered manager explained the local operations and development manager looked at all reports, investigated them and then wrote an action plan for the registered manager to follow, if needed. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible.

People were protected by the provider's recruitment processes and were involved in the staff interview process if they wanted to be. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the recruitment information required by the regulations. For example, proof of identity and criminal record checks. Gaps in employment histories had been explored and evidence of applicant's conduct in previous employment had been sought where they had worked with vulnerable adults.

Staffing levels were based on the dependency levels of the people using the service at any one time. Usual staffing would be 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. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted. Staff told us there were usually enough staff on duty at all times and they were able to get additional staff if needed.

People's medicines were stored and administered safely. Training records showed that only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right dosage of the right drug at the right time. Where people were working towards self-medication, detailed recovery support plans had been drawn up and were followed to ensure people did this safely.

Good

Is the service effective?

Our findings

The premises were suitable for their purpose and the needs of the people living at the service, The home had a rolling schedule of improvements and work on renovating and redecorating one bedroom and en-suite shower was underway during our visit. Other work had been agreed and planned. That work included: redecoration of the communal kitchen and replacement of the base units; redecoration of the dining room; repainting of all external doors and redecoration of the porch, gables and external aspects of the windows to the front of the building.

People received effective support from staff who were well trained and knew people's individual goals and ambitions. People told us staff knew what they were doing when they provided support. One person told us, "I think this is a really good place. It gives a really good service to everyone here."

The staff team was made up of the registered manager, one team leader, four recovery workers and five relief recovery workers. New staff were provided with induction training that was based on the care certificate developed by the Skills for Care organisation.

Ongoing staff training was overseen by the registered manager and team leader. The provider had a number of mandatory training topics that were updated on a regular basis. For example, training in fire safety, first aid, and safeguarding adults training. Other mandatory training included medicine administration, infection control and health and safety. Training records showed staff were either up to date with their training or were booked on refresher training where updates were due or overdue. Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised. Additional training was available to staff relating to the needs specific to people living at the service. For example, training in cognitive behaviour therapy, positive behavioural support, self-harm and drug and alcohol misuse. Staff we spoke with all felt they had the training they needed to deliver quality care and support to the people living at the service.

Staff supervision meetings took place every four to six weeks. Staff confirmed they had regular meetings with their manager. Records showed that staff who had been working at the service over a year had received an annual appraisal of their work in January 2016.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (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. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We found the staff were working within the MCA. Staff made sure they enabled and supported people to make their own decisions whenever possible. There were no DoLS authorisations in place at the time of our inspection.

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 to cook where needed. One person explained how staff were helping them develop their cooking skills and increase the amount of dishes they could cook. Where there were concerns about people's nutrition, or professional input was required, staff supported people to get referrals to specialists via their GP.

People received effective healthcare support from their GP and via GP referrals for other professional services, such as community specialist nurses. Each person also had support from health and social care professionals from the community mental health team. Each person had a "Staying Well Plan" that included plans for: adequate sleep; managing stress; healthy lifestyle with a good diet and exercise; medication and therapy; working and social support networks and professional support. The staying well plans were detailed and very individual to each person. The person had drawn up their own plan, with support from staff where needed. The plans were ongoing and updated as people reached different stages in their recovery and worked towards more independent living.

Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Any existing medical conditions people had were monitored and managed in line with advice from their GP and other health professionals. Any advice given was incorporated into people's recovery support plans.

Good

Is the service caring?

Our findings

People were treated with care and kindness. People told us staff were caring and treated them with respect. One person told us, "If I am struggling they help. They encourage me to be independent, but if there is something I cannot do they will help." Health and social care professionals thought the service was successful in developing positive, caring relationships with people using the service.

Staff showed skill when working with people and it was obvious they knew them well. We saw staff had good knowledge of what was important to each person using the service and the goals they were working towards. People's recovery support plans were geared towards what people could do. They also included what they needed to be able to do in order to progress along their road to recovery and move to more independent living. People's abilities were kept under review and recovery support plans were reviewed weekly and updated as necessary. The recovery support plans were drawn up with people, using input from their relatives and health and social care professionals where appropriate. Each care plan had been signed by the person to signify their agreement.

People's wellbeing was protected and all interactions observed between staff and people using the service were caring, friendly and respectful. Staff listened and acted on what people said. Staff were knowledgeable about each person, their needs and what they liked to do. People told us staff knew how they liked things done and confirmed staff treated them with respect and protected their dignity. Health and social care professionals thought the service promoted and respected people's privacy and dignity.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Visits from health and social care professionals were carried out in private. We observed staff protected people's rights to privacy and dignity as they supported them during the day. All staff were very respectful of people's personal space and belongings, no-one entered people's bedrooms without knocking on the door and waiting for permission to enter.

Throughout our inspection staff showed concern for people's wellbeing in a caring and meaningful way. Staff were knowledgeable about things people found difficult. They were skilled at giving encouragement and support to people so they could achieve something themselves wherever possible. One person told us, "A good thing about here is the staff. There isn't any of the staff I don't like." Another person told us the best thing about the service was, "The interactions with staff and the support. They helped me when I was really anxious. You don't ever feel like you're being judged for having mental health problems." We saw a compliment made by a care manager in June 2016. They commented that the additional support and consistency among the staff team had benefitted their client in a particular situation at that time.

Good

Is the service responsive?

Our findings

People received support that was centred on their personal needs and goals. All people living at the service at the time of our visit were independent with personal care. People's likes, dislikes and how they liked to do things were explored and incorporated into their recovery support plans. Each recovery support plan was based on an assessment of needs, carried out by the registered manager and the team leader prior to the person moving to the service. After admission to the service, people started to develop their recovery support plan with their key worker. The plan was reviewed and built on in the weekly key worker meetings.

Recovery support plans were highly individualised and person centred. They included things that were most important to the person in their life. All plans were up to date and had been reviewed in the previous week. All people had a keyworker to meet with them and oversee their goals and support plans. People were fully involved in developing their recovery support plans and setting their short and long term goals. People told us about the areas they were working on and told us staff helped them feel confidence in their abilities. One person told us how they hoped to be able to get a job and how one member of staff was helping them towards that goal.

During the day people were busy with whatever they had planned. People were encouraged and supported to manage all aspects of their life as part of their recovery and their work towards more independent living. We saw people were comfortable approaching staff for advice and that staff responded promptly and helpfully. Where staff were approached we saw they worked with people to help them find answers and problem solve, rather than doing things for them.

People had good links with the local community and made use of all the local facilities such as shops, leisure facilities, gyms, restaurants and pubs. In the dining room there was a community board with information for people about local social activities, clubs, events and group activities. People who use the service and staff posted information on this board in case anyone would be interested in an upcoming event. At the service, weekly groups were held that people could attend. These groups covered a range of interests, for example, music, gardening, nutrition, psychology, cookery and films.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person told us about their plans to meet with family members later that day and another described a holiday they had been on with their family.

People knew what to do and who they would talk to if they had any concerns. They told us they were taken seriously if they spoke with staff about things they were worried about and said staff always acted to resolve any issues. Staff explained that, if people had conflicts with others living at the service they encouraged and supported them to work through issues together, with staff support where needed. There had been no formal complaints to the service in the last 12 months.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage Kirtling House. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Staff were clear on the management systems in place and all staff felt the managers were approachable and easy to contact.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The systems included audits of support plans, medicines and associated paperwork and checking staff were following policies and procedures. In most instances these systems worked well and made sure people could be assured they were receiving a safe service that was of a good standard.

The provider's local operations and development manager (ODM) carried out monthly quality assurance and monitoring checks. Following the ODM's visit, a report was produced with an action plan for the registered manager to work through. We saw the report for June 2016 and there were some actions that had not been completed within the timescales recorded. For example, staff had not all signed the signing sheet in the incident and accident folder by 31 July 2016 as specified. The registered manager told us they had left a message for staff in the communication book but the action was still outstanding. No further chasing was planned. There were other examples of where work identified in audits or reports had not been completed. For example, we saw the report from the lift servicing carried out in August 2016. The report stated that the floor level indicator lights needed repair. This was also stated in the previous two, six monthly lift servicing reports but no action had been taken to arrange for the repair to be carried out. The registered manager was not aware of the findings of the service report. Following the inspection the registered manager ascertained that the lift was safe to use and had started the process of having the repair carried out. In another example we saw that during a routine room safety check it had been identified that a window restrictor in a top floor bedroom was not functioning but no action had been taken to arrange a repair. The registered manager arranged an urgent repair after we pointed out the findings.

In other incidences the manager was not aware of work needing to be carried out or if it had been completed. For example, we asked to see the legionella risk assessment. There was no copy at the service. The registered manager obtained a copy from their head office and sent it to us after the inspection. The risk assessment had been carried out in May 2016 and identified a number of failings that needed action which the registered manager was not aware of. The work had been arranged by the provider's head office and the registered manager was able to find out that the work had been completed for all issues identified apart from one. At the time of this report the registered manager was still trying to find out if the remaining issue had been rectified.

We recommend that the provider implements a system to enable the registered manager to monitor and ensure that all issues and work relating to Kirtling House, and identified during audits, equipment servicing reports and service risk assessments, are dealt with and completed within appropriate timescales.

The manager was planning to carry out a survey of people who use the service and other stakeholders later in 2016. People's views were obtained during the monthly service meetings and any issues raised were discussed. Views were also sought during the weekly meetings people had with their key workers. People told us staff listened to what they said and took action when needed.

People benefitted from living at a service that had a positive culture which was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. People felt the staff were happy working at the service and that there was a good atmosphere. One person commented, "It is nice here, we all get on very well." Staff felt the staff team got on well together and that management were open with them on what was happening at the service. They felt the service was well managed and said they were encouraged to make suggestions for improvement. Comments received from staff included, "We can raise anything with the managers, they're very good." and "I think it is a great place to work and the service users are great."