Together for Mental Wellbeing

Kelvin Grove

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

Overall summary

Kelvin Grove is a care home for up to 12 people with mental health needs. There were 12 people living in the home on the day of the inspection.

This inspection took place on 11 June 2015 and was unannounced.

The home has a registered manager. 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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

Summary of findings

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with the appropriate training to meet people's assessed needs.

The service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed. Where a person cannot make decisions about their care and support, assessments of capacity had been undertaken.

People had enough to eat and drink and some people were supported by staff to prepare their own meals.

When required people were supported by staff to access healthcare facilities.

Positive and caring relationships had been developed between people and staff.

Staff had a good understanding of the needs of the people they were supporting.

People received care that was appropriate to their needs.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There were quality assurance systems in place to monitor the quality of the service provided and to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

People's needs were met safely by sufficient numbers of suitable staff.

There were systems in place to support people with the management of their medicines.

Good

Is the service effective?
The service was effective

Staff had been appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislations.

Staff supported people to eat and drink and to maintain a balanced diet.

People had access to healthcare facilities if required.

Good

Is the service caring?
People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted by staff.

Good

Is the service responsive?
The service was responsive

People received care that met their assessed needs.

People had access to information on how to raise a complaint.

Good

Is the service well-led?
The service was well-led

There was an open, empowering and inclusive culture at the service.

The leadership at the service was visible and this inspired staff to deliver a quality service.

There was a quality assurance system in place which was used to good effect.

Good

Kelvin Grove

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 the 11 June 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 spoke with the Clinical Commissioning Group (CCG) and Bedford Borough Council. We also checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with five people who used the service, three support workers, the deputy manager and the registered manager.

We looked at three people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People said they felt safe living at the service. One person said, "I feel safe living here. The staff protect me and make sure the building is secure overnight." Staff told us they had been trained to recognise the signs of potential abuse and how to make sure people's safety was promoted. They also said that safeguarding was regularly discussed with people at residents' meetings. A staff member said, "If I witnessed or suspected a person was being abused I would report it to the manager or the senior on duty." A second staff member commented, "We always ask people how they are feeling and what is going on for them inside and outside the home to find out if they have any worries or concerns." The registered manager told us if a person was deemed to be particularly vulnerable they would be given the opportunity providing they were in agreement to attend safeguarding training with staff. This enabled them to enhance their understanding on abuse.

We saw training records that evidenced staff had been provided with safeguarding training. There was a notice displayed in the service with information about safeguarding and who to contact in the event of suspected abuse. There was evidence that the outcome from safeguarding investigations was discussed with staff and actions put in place to minimise the risk of recurrence.

There were risk management plans in place to promote and protect people's safety. Staff told us people had risk assessments in place that were tailored to their specific needs. We saw risk assessments were in place for individuals. These had been developed with people's involvement and to manage identifiable risks in a way that did not impact their freedom and choice. Some people were able to access the community independently and had jobs. There were risk assessments in place to promote these activities. People were also supported by staff to prepare their meals and to do their personal laundry. We saw individual risk assessments had been developed for these activities. We found that the risk assessments were reviewed regularly with people's involvement.

Staff were aware of the service's plans for responding to any emergencies or untoward events. They told us that in the event of a fire, people had individual personal escape evacuation plans in place. They also said that the fire panel was checked weekly; and the electrical equipment and gas appliances were regularly serviced. We saw evidence to confirm this. The registered manager was able to discuss the processes in place in the event of a serious incident. There was an emergency plan in place which was called a business contingency plan. If there was a need for people to be evacuated from the service to a place of safety; arrangements had been made with a care home in the area. Staff said they had been made aware of the arrangements. Records seen relating to the safety of the premises and equipment had been appropriately maintained. Accidents and incidents were recorded and closely monitored. If areas were identified as requiring attention action plans were put in place and they were closely monitored to make sure improvements had been made within the agreed timescale.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person said, "There's always enough staff on duty and they are supportive." Staff also confirmed that the staffing numbers were adequate and there was always a senior member of staff on duty who knew people well, to provide advice if needed. We observed there were three staff on duty throughout the day. At nights there was one waking staff member and a second person who slept in on the premises. The staff rota seen reflected this.

There were safe recruitment practices followed at the service. The registered manager told us that people took part in the staff recruitment and selection process and their views were taken into account. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the appropriate documents were in place.

People told us that staff supported them to ensure their medicines were managed safely. One person said, "I self-medicate but the staff oversee just to make sure I don't miss any days." Another person commented, "The staff ensure I take my medication at regular times each day and if I need pain killers I just have to ask them." Staff were able to describe the home's medication process. They told us that two staff were responsible for administering people's medicines. We observed this practice during our inspection. They also commented that they had been provided with training on the safe handling of medicines and their competencies were assessed annually. Training records seen confirmed this.

Good

Is the service safe?

We saw medicines were stored appropriately. The temperature of the room where they were stored was checked daily to maintain their effectiveness. There was an audit trail of all medicines entering and leaving the service. The Medication Administration Record (MAR) sheets provided information which reflected that medicines were checked daily to ensure the balance in stock was correct. We checked a sample of MAR sheets and found they had been fully completed.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to carry out their roles and responsibilities. One person said, "I think the staff are well trained." Staff told us they had been provided with induction and updated training to support them in their roles. A staff member said, "We have lots of training which is really good." The registered manager told us that new staff were required to complete a week's induction training. They were also expected to work alongside an experienced staff member until their practice was assessed as competent. We saw evidence that staff had completed induction training and had been signed off as competent.

Staff told us they received on-going support from the registered manager as well as, monthly supervision and an annual appraisal. This enabled them to discuss their roles and request for any further support or training they required to enhance their development. We looked at the training record and found staff had received up-dated training in a range of subjects such as, safeguarding, moving and handling, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS), medication awareness, fire awareness, equality and diversity, food safety, first aid and infection control. The training record reflected the date when training had been provided and when it was due to be updated. We saw evidence that some staff had achieved a recognised national qualification to support them in their personal and professional development. We found staff had a good understanding of the needs of the people they were supporting and communicated with them appropriately.

Staff told us people's consent was sought to provide care and support in line with current legislation. One staff member said, "The clients are in control of their care and give consent for us to assist them with support if required." Within the care plans we looked at we saw there were consent agreement forms in place. They had been signed by people and were regularly reviewed. Staff had a good understanding of the Mental Capacity (MCA) Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This ensured people who could not make decisions for themselves were protected. The registered manager was aware of her responsibility to assess people's capacity to ensure any decisions made to restrict their liberty were in their best interest. A person's liberty was being restricted. Records seen confirmed that an application to the statutory body had been authorised.

People told us they had enough to eat and drink and they were involved in planning the menu. One person said, "The food is nice. I can make sandwiches and drinks whenever I want to." Another person commented, "I cook my own food and buy my own groceries and make as many drinks as I want whenever I want." Staff told us that the menu was discussed with people on a weekly basis and each person was able to have their preferred choice of meal included on the menu. People had their main meal in the evening and this was prepared by staff with assistance from people. Some people took it in turns to be involved with preparing the meal or washing up after dinner. We were told that half the people who were living at the service, on the day of our inspection, their goal was to move out eventually to live on their own. As a result they prepared their own meals daily and were responsible for purchasing provisions such as, meat and vegetables of their choice.

We observed there was adequate amount of drinks and fresh fruits in the communal areas and people were able to help themselves if they wished. At lunch time people prepared sandwiches and snacks with minimum assistance from staff. Staff told us if people were observed as not eating or drinking enough or having too much processed foods they would be monitored closely and if needed specialist advice would be sought. We saw staff had obtained support from the diabetic nurse who provided advice on the types of food a person who had been diagnosed with diabetes should eat in order to control their condition.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, "If I want to see the doctor, dentist or optician, the staff will help me." Staff told us that people were registered with a GP of their choice who they visited if they had a problem. Staff also told us that people had links with the community psychiatric nurse who visited them as and when required to ensure their health and well-being. People also had regular appointments with the community psychiatrist. Records we looked at supported this. The registered manager told us that Health Action Plans were being completed for each person, to include information about their health and well-being.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationship with the staff. They also said that staff addressed them by their preferred name. A person described staff as, "Friendly and caring." The registered manager told us that all staff worked within the 15 points dignity charter. This ensured that people's needs, regardless of their age, disabilities, gender and race were promoted and respected.

We found staff had a good understanding of the needs of the people they were supporting; and were aware of their preferences and personal histories. Throughout the inspection we observed staff treated people with empathy, kindness and compassion. There were positive interactions between people and staff. For example, when communicating with people, staff got down to people's level and gave eye contact.

Staff told us that each person had a well-being plan. This enabled them to monitor people's moods and explore how people were feeling. If a person was continuously in low mood, this would trigger staff to seek professional support with the person's agreement. We saw evidence that people had regular one to one meetings with staff. This enabled them to discuss their care and welfare needs and for staff to provide the appropriate support if required.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I can have a lie in when I want and do as I please." The person also commented that they made staff aware when they were going out. Staff were able to demonstrate how people's views were listened to and their views were acted on. An example given was people could request a change with their key worker at any time. We saw evidence that this had happened within the last two months. We observed people having discussions with staff and making suggestions on the level of support they needed to manage their own care. We found that staff listened to people attentively and provided advice in a way that they understood.

Staff told us that people were enabled to access the services of an advocate to speak on their behalf. The registered manager told us that one person was currently using the services of an advocate. (The role of an advocate is to speak on behalf of people living in the community with their permission.) We saw that information on how to access the service of an advocate was accessible to people and was displayed on the notice board.

People told us that staff ensured their privacy and dignity were promoted. One person said, "Staff always knock on my door before entering my room." Another person commented, "We have keys to lock our bedroom doors when we are not in." Staff were able to explain how they ensured that information about people was treated confidentially. A staff member said, "Information is shared on a need to know basis and people's files are kept in a locked cabinet." Staff also told us that they did not enter people's bedrooms unless they were invited in. The registered manager told us that the home had a confidentiality policy which staff were aware of and implemented it in their day-to-day practice. We saw filing cabinets were kept locked and the computer was password protected.

Throughout the inspection we observed staff promoted people's privacy and dignity. This was based on their differing level of needs. We saw that support was provided in a kind, calm and relaxed way. People looked at ease and relaxed in the presence of staff. The demeanour of the people, who were being supported, was seen to be open and trusting of the staff. People were free to move around the home. It was evident that they had the opportunity to choose where they wanted to be. We observed staff provided support to people at a level that was acceptable to them and based on their individual needs and preferences. We observed that staff respected people's choices and promoted their dignity.

People told us that their friends and family were able to visit them without restrictions. The registered manager confirmed this. She said, "We encourage family and friends to visit. The home usually has an annual open day and family, friends and professionals are invited."

Is the service responsive?

Our findings

People told us they received care that was appropriate to their needs. They said they regularly met with their key worker and care co-ordinator to discuss their care and support needs. One person said, “I am happy with my care.” The registered manager told us that before a person was admitted to the service a pre-admission assessment was carried out. At the point of referral the service would ensure that up to date information about individuals was obtained. We saw evidence that people had been invited to visit the home several times before they actually moved in. We also saw evidence that if people were moving from a hospital setting to the home the home's staff participated in ward rounds. This ensured that staff would be able to support people with their daily functioning and to manage the symptoms of their mental health.

The support plans we looked at were personalised. They contained information on people’s history, preferences and goals. Giving people choices and promoting their independence were essential factors in how people’s care was delivered. We found that support plans were regularly reviewed with people. Staff empowered people to take control of their care and support needs and to track their progress using a special tool. We saw evidence that within the last six months staff had supported six people to acquire the appropriate skills that enabled them to move out and live independently. A further three people had attained other goals such as, taking up full time employment or voluntary work.

People told us about their hobbies and interests. They said that they enjoyed doing the household chores, going for walks and visiting the local pub and library. One person said, “I attend a local video group and visit my family.” Another person commented, “We used to have an activities lady but she left about a month ago so now there’s not much to do during the day. It can get a bit boring.” Staff told us that activities were planned and arranged with people’s involvement; however, some people chose not to get involved and sometimes at the last minute would opt out and not attend trips. The registered manager told us that students undertaking work placements at the service had worked with people to facilitate group activities. We saw evidence that a student had recently completed a work placement at the service and had facilitated a range of activities with people. We also saw evidence that the service provided information on local places of worship; if people wished to promote their spirituality.

People told us they would feel happy making a complaint if they needed to. One person said, “I know how to make a complaint and I am sure staff would help me to make one if I needed to.” Another person commented, “There are complaint forms in the reception area if we need to make a complaint.” Staff told us they made people aware of their rights and how to make a complaint if they needed to make one. We looked at the service’s complaints record and found that the last complaint made was in 2010. The registered manager said that she welcomed complaints and would use them to improve on the quality of the care provided. We saw a copy of the complaints procedure was displayed in the home in a suitable format to make people aware of the process.

Good

Is the service well-led?

Our findings

People and staff told us that there was a positive, open and inclusive culture at the service. One person said, "The manager makes herself available to talk to us and is always round and about the home." Staff told us that regular meetings were held and they were able to give feedback to the manager in developing the service delivery. One staff member said, "The manager listens to our opinions." Another staff commented, "If there is something not working it is discussed openly and we are able to make suggestions. The manager is receptive to our opinion." The registered manager confirmed that residents and staff meetings took place. She said, "I don't hide anything from the staff. As soon as I know anything around the development of the service and new initiatives I share it with them." We read minutes from recent meetings. Staff had the opportunity to give their opinions and ideas on how the service should be developed.

Staff told us they felt able to question practice and were confident that they would be listened to. One staff member said, "We had an incident here, where one of us had to blow the whistle. They were listened to and supported with a good result". The registered manager confirmed that staff were able to question practice. She said, "I have had to change directions on the service delivery as a result of listening to staff opinions."

Staff told us they were aware of the home's vision and values. They all said that people were encouraged to promote their independence to enable them to move on to independent living. A staff member said, "We have regular one to one meetings with people to support them to achieve their goals." A staff member was able to describe how they were supporting a particular person to achieve a specific goal.

During our inspection we saw that the registered manager and staff communicated with people in an open and transparent manner. People were able to go to the office to discuss with the registered manager and the deputy manager the level of support they required from them. We found that they were listened to and treated with respect.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager and deputy manager. They were aware of what was expected of them to ensure people received the appropriate level of support they required. Throughout the inspection we observed that staff worked well together; and communicated with each other in a respectful manner.

People and staff told us that the registered manager demonstrated good management and leadership. A person said, "She's round the house a lot and has chats with us about everyday things as well as asking if we are happy with our care." Staff told us that they had confidence in the management leadership and their visibility inspired them to deliver a quality service. The registered manager told us that she sometimes worked shifts. She said, "I am happy to get my hands dirty." She also said that by working alongside staff she was able to pick up on issues and any areas that required improvement.

There was a registered manager at the service who was supported by other senior staff members including a deputy manager, two senior support workers and five support workers.

The registered manager told us that the service had quality assurance systems in place and these were used to monitor the quality of the care provided and to improve on the service delivery. We saw evidence that people and staff completed satisfaction questionnaires on a regular basis and their views on improving the quality of the care provided were acted on. Audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis and action plans were developed to address areas that required attention. There was evidence that the registered manager completed monthly statistical reports for the provider. These were analysed to measure the service's performance on the quality of the care provided and used to good effect.