

# Together for Mental Wellbeing

## Kelvin Grove

### Inspection report

18 Rothsay Road  
Bedford  
Bedfordshire  
MK40 3PN

Tel: 01234217287  
Website: [www.together-uk.org](http://www.together-uk.org)

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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

We carried out an unannounced inspection on 20 September 2017. The home provides care and support for up to 12 people with mental health needs. There were 12 people being supported at the service on the day of the inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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

People were safe and the provider had effective systems in place to safeguard them. Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service. There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner by skilled and trained staff.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had supervision, support and effective training that enabled them to support people well.

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 support this practice.

People were supported to have sufficient food and drinks and were supported in a caring and respectful manner. They were also assisted to access other health and social care services when required.

People's needs had been assessed, and support plans took account of people's individual needs, preferences, and choices. Independent living was key and people were supported to move into independent living facilities.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight to staff who felt supported in their roles.

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

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains 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.

This inspection took place on 20 September 2017 and it was unannounced and on 25 September 2017 we received feedback about the service. The inspection was carried out by one inspector from the Care Quality Commission 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, we reviewed the information we held about the service. 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 reviewed previous inspection reports and notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service. We spoke with four support staff, and the registered manager for the home.

We reviewed the care records and risk assessments for five people using the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for two members of staff, and training for all the staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People were protected from abuse and harm. When asked if they felt safe people unanimously reported that they did feel safe living at Kelvin Grove with responses such as, "Brilliant, yeah it is safe." Another person said, "I feel safe yeah, no problem." Other people also made comments such as, "Yes I feel safe," "I feel fine, no problem," and "Yes it feels safe."

Care plans contained risk assessments which enabled staff to keep people safe within the home and outside in the community. Risk assessments included areas such as, absconding, arson, assault, self-harm and medication. These had all been reviewed regularly and we saw that updates were carried out as and when they were required. Staff had been trained in areas such as safeguarding and managing behaviour that could harm.

Staff were aware of internal and external agencies they could go to and raise any concerns they had about the people they supported and we saw that information was also available within the home. Staff spoke to us about how they supported people to stay safe and recognised when a person was at risk of harm. One member of staff said, "We can tell when [person] is not right, there are triggers we watch out for and things [person] does when they are not right." We saw that within this person's support plan their key worker had listed triggers and signs that needed to be recognised by staff. Another member of staff said, "When [person] self-harms, we don't make a big deal of it, we won't tell [person] off, we let [person] talk to us about it and try to encourage [person] to talk to us when they are feeling that way."

Staff employed by the service had been through a robust recruitment process before they started work at the service, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history checks. We saw that where concerns had been highlighted within the DBS history the provider had set up risk assessments and plans were put in place to ensure the person was fit to undertake the role. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Through our observations we saw that there were enough staff on duty to support people. People we spoke with also confirmed this. One person said, "I can always find staff." Staff told us that there were two staff on duty during the day and the manager. This was sufficient as most people were able to support themselves. One member of staff said, "There is enough of us, this is like a half-way house for people, they come here when they are ready to live on their own. So they come and go as they please. We are here in case they need us."

Medicines were managed safely. Records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines. We saw that people were encouraged to self-medicate and risk assessments and spot

checks were in place to ensure that people were taking their medication as prescribed. One person told us, "I self-meds now, once a week I get meds refilled." Staff told us that because people were working towards independent living they were encouraged to take charge of their medication.

## Is the service effective?

### Our findings

People received care and support from staff who had the required skills and knowledge to support them effectively. One staff member said, "We get a lot of training, we had some the other day." Another member of staff said, "Yes, we get training, I am doing my NVQ level 3."

Training records we looked at showed that staff had received training in areas such as medication, safeguarding, infection control, first aid, and challenging behaviour. Staff also received a full induction when they joined the service and were given the opportunity to shadow more experienced staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

People had provided written consent for staff to support them with their daily living and for them to view their personal records and medical documents. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when supporting people. People within the home were not however subject to any DoLS.

People had full choice of their meals. We saw that the people were free to use the kitchen during the day and were encouraged to prepare their breakfast and lunch independently. Where assistance was required then staff would support them. One member of staff said, "We are encouraging them to live independent lives when they leave so it's important for them to prepare their meals with minimum assistance and to help them make healthy choices." We saw that at lunch time people were encouraged to prepare sandwiches and evening meals were displayed on the main notice board so people were could see the meal being prepared in the home. Staff told us, "We assist with making dinner but sometimes they choose to have something else. We can't stop them from eating unhealthy foods but we will try and encourage them to add vegetables and fruit to their diet."

We saw that people had attended appointments with health care professionals to maintain their health and were supported by the home to maintain good health. People were encouraged to attend appointments alone where it was applicable or with staff and the outcome of the appointments were recorded within the support documents.



# Is the service caring?

## Our findings

There were positive and caring relationships between staff and the people they were supporting. People were allocated a keyworker who they worked with to ensure the home was providing the care and support they required.

People were involved in the development of their care and support plans and were encouraged into independent living with the support of staff. We saw evidence of this in records we reviewed. People were encouraged to express their views and were actively involved in making decisions about their care and daily routines. People we spoke with confirmed this. One person said, "Yeah I am involved, they ask me questions." While a second person said, "Staff speak to me about my care." We saw that monthly reviews with the registered manager allowed people to discuss their support plans and agree changes quickly. Staff were available throughout the day to support people where it was required, but we saw that people came and went from the home as they wished and required minimal support from staff. On the day of our inspection one person left the home to attend an appointment and visit local shops, they told us, "I am going out in a bit I'll be back later in the afternoon." The key worker for this person said, "[Person] can go out alone and we won't bother [them] they have gone [place they were visiting] so if they are not back by late afternoon, I might give them a call just to check they are ok."

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. It was clear that staff knew the people living at the service well and understood how best to support them. One person said, "Staff listen yes, sometimes they take us to the pub to play snooker as well."

People were observed to be treated with dignity. One person said, "Staff always listen and show me respect, they are brilliant, staff are brilliant." All people had locks on their bedroom doors and staff told us that they could only enter rooms with the express permission of the person whose room it was. Staff told us that all people were able to support themselves with personal care but they did prompt people about person hygiene.

We saw that people were encouraged to visit family and maintain contact. A member of staff told us how one person would regularly visit family. Other people were supported to develop contacts in the wider community. One member of staff said, "We encourage people to make friends and attend clubs. It's important for when they start to live on their own, we don't want them to feel lonely." Another member of staff said, "We are always looking out for [people they support], if I am on a day off and I see someone, I won't ignore them, if they want to say hello or walk with me that's fine, this is more than just a job."

We asked people if their cultural and spiritual needs were being met in the home, to which the majority, with the exception of one, stated that this was not an issue for them as they did not identify as having any spiritual or cultural needs. The one exception said, "I go to Church on my own, staff support me in doing this."

## Is the service responsive?

### Our findings

People received personalised care that supported their individual needs. People spoke to us about the activities they carried out. One person said, "I do aerobics and on Tuesdays I go for a drink." While another person explained that at present they did not participate in any activities but they said, "In the past [I attended] walking group, music, art, I choose my own activities, recently went to the putting green." A third person also said, "Nothing at the minute, previously I went to the Mind centre, did drama and maths, I choose activities myself."

We saw that activities were dictated by the person. Staff and the registered manager explained that Kelvin Grove was a home which gave people the skills to move into their own homes. People were supported to remain independent and learn skills for life so that they could function on their own within the community.

We saw that the provider worked with other agencies to support people in fulfilling their potential. They also provided an outreach service for people who had moved on from the home and into the community. We saw that within the residents meeting minutes staff had highlighted the achievements of people within the home and those who had recently moved out into the community. For example, one person had commenced a college course to gain a qualification.

The registered manager told us that they had regular meetings with each individual to discuss and update their support plans. We saw that people would ask for changes to be made and the staff and manager would work with them in order to achieve the final goal of moving into independent living in the community. This showed that the provider was working with people to ensure the support provided was responsive to their needs.

There was a complaints policy and procedure in place and people were aware of who they needed to speak with if they needed to make a complaint. All of the people we spoke with reported that to date they had never had cause to make a complaint but should they wish to do so that they felt that they would be listened to. One person said, "I would speak to [registered manager] and I would be listened to." A second person said, "I'd go to the manager, yeah I'd be listened to." A third said, "[I would] Speak to whoever is on duty, I would be listened to."

## Is the service well-led?

### Our findings

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns.

We observed that people were comfortable approaching the registered manager and staff and the home had a very relaxed atmosphere. It was clear that there were positive working relationships with staff and the manager and staff felt valued by the service. One member of staff said, "The organisation is well run, we have a strong core team which helps with the smooth running of the home."

Monthly staff meetings were in place and professionals were invited to discuss any matters concerning people's support needs. Regular residents meetings took place and relatives were also invited to attend where it was appropriate. We saw from the minutes provided that people would discuss issues which were relevant to them and that the registered manager would provide people with feedback on actions from previous meetings.

There was an effective quality assurance system in place. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided and assessments were also undertaken on a regional level. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. They also assessed the home for the standards required by the Care Quality Commission (CQC) to ensure they met with the five fundamental standards of care.

The manager had understood their responsibility to report to the CQC any issues they were required to report as part of their registration conditions, and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.