

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 well-led?

Good ●

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, accommodated in one adapted building. 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 eight people using the service.

People's experience of using this service and what we found

People spoke positively about their experience of using the service. For example, a person told us, "Best place I've ever been in. Staff show that they care. They're always asking how you are. They show an interest." Another person said, "Staff have a good understanding of mental illness; what happens and how to handle it." Another person told us, "Staff are very supportive and non-judgemental, which is very important with mental health."

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. Risk assessments were in place to support people to be as independent as possible. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed to make sure only suitable staff were employed to care for people in the home. People's medicines were stored and well managed to ensure their safe and proper use. The service had effective systems for preventing and controlling infection. 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 were promoting an open, empowering and inclusive culture within the service. 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 worked in partnership with other agencies to support people's needs and promote good practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 April 2019).

Why we inspected

At the last inspection the service had been without a registered manager for over a year, which meant that the rating for the well led key question could not be rated better than requires improvement.

While a manager had subsequently been registered, we wanted to see if the provider had maintained a consistent level of service, so we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The rating for the well-led key question has changed from requires improvement to good based on the findings of this inspection. The overall rating of good for the service has not changed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

There were systems and processes in place to protect people from harm.

Is the service well-led?

Good 

The service was well led

Details are in our safe findings below.

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

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kirtling House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kirtling House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received since the last inspection, 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people living at the home, the registered manager and three recovery workers. We looked at a range of records including recovery support plans for two people, recruitment files for two 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 visit we received feedback from two community health and social care professionals who work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff received training in safeguarding procedures and their knowledge and understanding of these was further supported through supervision and team meetings.
- People had access to information about safeguarding and how to stay safe. A person told us, "They (staff) are on top of safeguarding. Each week we have a meeting and they ask us if there are any safeguarding concerns. You can speak to staff in confidence." This was further confirmed by other people we spoke with.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible and provided clear and relevant guidance for staff. Risk management plans included significant events and early warning signs, which promoted a consistent approach by all staff. Staff could describe people's risks and what they did to support people safely.
- People confirmed staff supported them to understand risks and stay safe, while respecting their freedom. A person told us, "They build up a lot of trust with you. They're very, very caring."
- People were involved in developing their support plans for managing risk. For example, in describing symptoms or events that may indicate or trigger a personal crisis for them.
- The service worked closely with partner agencies to support people at times of increased risk. A person said, "Staff have a good understanding of mental illness; what happens and how to handle it." They told us about a time when, "Staff got the Community Mental Health Team (CMHT) in quickly, which was very good."
- A health professional told us, "Kirtling were able to recognise the very subtle warning signs from this individual and made contact with the team. They were receptive to the support and followed advice. The patient is so very happy at Kirtling, settled and now discharged from our service. I believe this has been possible because the input and care from Kirtling is outstanding, patient centred and proactive."
- 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, "There's always someone around if you need them." The staff rota was on display for people to see who was on duty at any given time.
- The baseline staffing level was 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 reviewed according to people's changing needs and activities. For example, a waking night staff had been deployed when a person's need for this was identified. The registered manager was able to authorise additional staffing any time it was needed.
- Staff received training specific and appropriate to people's needs.
- Safe recruitment practices were followed before new staff were employed to work with people. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to manage their own medicines within a framework of individual risk assessment. Two people told us they were currently managing their own medicines for a number of days of the week as part of a stepped process toward full independence and said this was working well.
- A health professional told us, "They (staff) worked with the patient around medicines management and towards his goal of having these unsupervised. They were cautious however took positive risks to work towards the patient's goals. This was with the support of the mental health teams. They have been open to medication training. . .this was offered as a part of our provision (and not due to any concerns). It was so positive to see many members of the team present, they were open, interested and asked important questions."
- Medicines administration systems were well organised to help ensure people received their medicines when required. Staff received training in the safe administration of medicines, and this was followed by competency checks.
- There were regular checks and audits of medicines including supply, storage, administration, disposal and recording.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was taking place in line with current national guidelines.
- People told us there were no restrictions on them having visitors in the home. A person said, "I can have anyone I want visit. They have a lateral flow test (LFT)."
- A health professional told us, "Kirtling always adhered to Covid measures upon visits, they were responsive and vigilant. They have responded to concerns around Covid in a professional manner that has protected the patients."

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.

- Staff debriefing and peer support meetings ensured that any incidents or safeguarding issues were reflected on and discussed, so that learning took place and team responses were formulated.
- The provider had an incident reporting system that automatically notified the relevant staff within the organisation. The registered manager and staff told us they had confidence in the system. An example given was that as a result of monitoring and identifying patterns of incidents, there was now a clear policy on how to support individuals who were refusing treatment.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated a positive attitude and told us, "Everyone is very approachable." They said they felt well supported by the management team. This was reflected in comments made by people using the service, who told us they liked the staff and thought the service was well managed. One person told us, "Staff are good at assessing when someone is more independent. Staff are very respectful. They treat you in a dignified way."
- There was a low turnover of staff, which a member of staff said was, "Because staff enjoy working here." This benefitted people through being supported by familiar staff who understood their abilities and when they might require assistance. A person told us, "Staff are very supportive and non-judgemental, which is very important with mental health." People were able to choose their allocated keyworker.
- A health professional told us, "Staff are very caring towards their residents, they are responsive when the residents are becoming unwell and also great advocates for their residents too."
- Another health professional said, "When we began working with (person), we were not sure we would be able to find the right placement for his needs...We worked closely with Kirtling, they were very open to learning about this person and how best to work with them...They tailored their key working with this individual to a task he enjoyed, this way he was more willing to engage and it was more meaningful for him."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection the service had been without a registered manager for over a year, which meant that the rating for the well led key question could not be rated better than requires improvement. Following the last inspection, the provider registered a manager with the Care Quality Commission (CQC).
- There were effective systems of governance including regular audits of the quality and safety of the service. Records showed that any actions identified through the audits were followed through to completion.
- Staff were clear about their responsibilities and had access to regular supervision and team meetings, where they were encouraged to make suggestions for developing and improving the service.
- A health professional told us, "We have always found (registered manager) to be welcoming, positive and knowledgeable. She is an excellent leader that supports her team well. They all have the same mindset and are open to working with the team, receptive to feedback and communicate well. The staff work in creative ways that meet the persons individual needs."

- The provider and registered manager acted in an open and transparent way with people in relation to the care and treatment they received. The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration.

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

- There was a strong culture of inclusion within the service, which was demonstrated in the feedback we received from people living at the home, staff and external health professionals. For example, a person was being supported to develop a LGBTQ+ support plan template so this could be used to better support them and others in other residential settings within the organisation.
- People were encouraged to attend staff training courses if they wished, such as first aid, mental health first aid, fire safety, and food hygiene. The service development plan described this as promoting employment skills and employability for people in the future as well as providing purpose and responsibility.
- A person told us a woman's group had been formed and was going well. They said, "So now we have personal alarms if we want." They added, "(Registered manager) is very forward thinking. She's a very good manager."
- Staff had personal wellbeing plans and the provider had also introduced an employee assistance programme.
- 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.

Continuous learning and improving care

- There was a current business plan to drive improvement in the service. An example of this was for the service to re-establish strong links to community support groups to encourage social support and engagement, following the easing of Covid restrictions. This had started to happen.
- Systems were in place to ensure there was oversight of the service and opportunities for sharing practice and ideas. For example, as a result of holding internal reference groups, training was provided based on incidents or themes arising from services. This included motivational interviewing and trauma informed care.
- Areas of the home environment had been improved, including a new kitchen and a refurbished 'snug' area that could be used by people meeting with their key workers, for example.

Working in partnership with others

- A person told us how the service had involved them and external health professionals during their assessment and transition to living at Kirtling House. They said, "It was all planned and went very well. Very well managed. I couldn't fault them, it was very good."
- A health professional told us, "We have been able to work closely with Kirtling throughout (a number of patient) discharges, all of which have been successful. They are proactive and really take on board our knowledge. Kirtling are open to learning about the patient as an individual. I have found, in my experience, that information from our service is disseminated and incorporated within their own plans."
- Another health professional said, "I have a very good relationship with all the staff at Kirtling House from the (registered) manager, deputy manager, and all the support workers that work at Kirtling. If I had a loved one who required mental health support, I would be happy to have them reside at Kirtling House."
- The registered manager was keen to continue to improve working in partnership with other agencies and this was included in the current business plan for the service.

