Together for Mental Wellbeing

Kings 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

We carried out an unannounced comprehensive inspection of Kings House over two days on 1 and 2 March 2016.

Kings House is registered to provide accommodation and personal care for up to 19 people. The home supports people with enduring mental health needs. The premises provide accommodation over three floors, including a self-contained flat for supporting people to prepare to move on to more independent accommodation. At the time of the inspection there were 18 people living at the home.

The home had a registered manager who has managed the home for many years. 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.

At the last inspection of the home in January 2014 the home was meeting Regulations and standards prevailing at that time.

Staff received regular training in safeguarding adults and were aware of how to report any concerns. Procedures and information about potential abuse had also been discussed with people at residents' meetings.

The building had been risk assessed, identifying any potential hazards. Action had been taken to make sure the premises were managed safely.

Risk assessments had also been completed with respect to ensuring that care and support of people was managed safely. There were well-developed systems for both reporting and analysing any incidents or accidents that occurred in the home.

There were robust staff recruitment procedures followed to make sure competent staff were employed to work with people. All the required checks had been carried out with records of checks in place.

The home had sufficient staff deployed to meet the needs of people accommodated.

Medicines were managed safely in the home.

The staff team were well-trained and there were systems in place to make sure staff received training when required. Making sure staff received update training was to be taken forward by the manager.

The home was meeting the requirements of the Mental Capacity Act 2005. It had not been necessary to

make any referrals to the local authority for people to be deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs were met.

People were positive about the staff team and the good standards of care provided in the home. People's privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met.

The home provided a programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and people had confidence that any complaint would be taken seriously and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

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

People received safe care in a safe environment where risks were identified and minimised through risk management.

There were sufficient staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Is the service effective?

Good

Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met

Is the service caring?

Good

People were very positive about the home and the quality of the care provided.

Staff demonstrated a kind and caring attitude.

People's privacy and dignity was respected.

Is the service responsive?

Good

People received personalised care and support. Care plans were in place and up to date to inform staff of how to support and meet people's needs.

Activities, events and outings were provided to keep people meaningfully occupied.

There was a well-publicised complaints procedure with people

confident that complaints would be investigated and taken seriously.

Is the service well-led?

Good

There was good leadership of the home.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Kings 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 was 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.

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 reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 1 and 2 March 2016 and was unannounced. One inspector carried out the inspection over both days. The registered manager of the home assisted us throughout the inspection. We also met with an operational manager of the organisation, four members of staff, and a visiting healthcare professional.

During our inspection we met most of the people living at the home and spoke with five people about their experience of living at the home.

We observed how staff and people interacted and how people were supported. We looked at the care records for two people, medicines administration records, three staff recruitment files, quality assurance records and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People we spoke with had only positive things to say about Kings House. People told us that Kings House was their home and they felt safe and well cared for. One person told us, "I have never been anywhere better", and another person said, "We are given everything we want".

There were systems in place to make sure people were protected as far as possible from abuse. Information and posters about safeguarding adults' procedures were displayed in both staff offices and on residents' notice boards. All the staff had received training in safeguarding adults and records showed that update training was provided each year. The induction training provided to new members of staff included safeguarding adults. Information about safeguarding and how to report concerns had also been discussed with people at resident's meetings informing them of what to do if they had concerns. Staff we spoke with were confident about what constituted abuse and how to make referrals should they identify any concerns.

There were well-developed and managed systems to make sure the premises were maintained safely. The building had been risk assessed to identify any hazards with action plans in place to reduce the likelihood of harm to people. People's rooms had been assessed to make sure window restrictors were fitted to upstairs windows, thermostatic mixer valves fitted to hot water outlets and action taken for any other hazard identified. There was a system for making sure maintenance issues were addressed. A maintenance book showed any faults or issues with a date recorded when remedial action completed.

The building had been assessed by external contractors for the risks of asbestos and how this should be managed safely; the water systems checked to make sure people were not at risk from Legionnaires disease (a serious water born disease), boilers and other equipment serviced at the required intervals and a fire risk assessment completed. The fire safety system was been checked and tested appropriately. A fire risk assessment had also been developed with a date set or its next review.

Each person had a specific emergency evacuation plan clearly documented within their records, setting out the assistance and equipment they would need if the building had to be evacuated.

When people moved into King's House, an assessment of risks in managing people's care and support had been completed. The risk assessments were regularly updated and reviewed and staff made aware through care planning of how to support people, balancing risk with people's right to make decisions about their personal autonomy. Risk assessments provided staff with information about signs that indicated a relapse of a person's mental health and the external professionals they could contact for advice and support.

No one living at the home had been subjected to any restraint. There was a system in place to monitor accidents and incidents that occurred in the home to look for trends or particular hazards, which could reduce further such occurrences. Any accidents or incidents were reported to head office so that there was oversight of how safety of the home was being managed.

People living at the home and the staff we spoke with were satisfied with the staffing levels provided and

said the levels of staff were appropriate. The home had a staff team of nine and each day there was a minimum of two staff on duty at all times, including the night time period when two sleep-in staff were on duty. Staffing levels fluctuated depending on such things as activities for the day or whether people required additional support with sometimes up to five staff on duty. There was also an out of hours emergency support service should staff need support out of hours.

The organisation had also developed a peer support volunteer service. A peer support coordinator had been recruited who in turn was responsible for recruiting volunteers with lived experience of mental distress to become volunteers to support people at the home. The volunteers provided planned or unplanned one to one support or group support to people living at the home, which was of benefit to both staff and people living at the home.

The service followed safe recruitment practices. Staff files included application forms, full employment history, records of interview, evidence of qualifications and appropriate references. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in a care setting. Records seen confirmed that staff members were entitled to work in the UK.

Safe systems had been developed for managing medicines in the home, underpinned by robust policies and procedures. The staff with responsibilities for administering medicines had been provided with appropriate training, which also entailed competency assessments for administering medicines. There were procedures followed for ordering medicines from the pharmacist and to check the order when this was delivered to the home. We checked the medication administration records, (MARS), for five people and found there were no gaps within the recording, thus all medicines administered could be accounted for. There was good practice of medicines advice guidelines included in people's care records. A photograph of the person concerned was at the front of each person's records so that new members of staff or agency staff, should these be required, could easily identify the correct person. Any allergies to which a person had a reaction were also clearly identified. The staff were aware of potential serious side effects of some medicines that could affect people and what to do and who to contact if necessary.

The home had suitable storage facilities of locked medicine cabinets with the person in charge of medicines taking responsibility for the keys to medicines storage. We audited some medicines and these were tallied with the balance of medicines held. There was a small fridge for storing medicines that required refrigeration and a record was maintained of the fridge temperature, making sure it was maintained within the correct temperature range.

Some people had been assessed as being able to take responsibility for managing some or all of the own medicines. There were procedures followed to make sure that people could manage this safely. They had a lockable storage area within their bedroom so that they could store their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with told us that there was a competent staff team who were very supportive. There were no negative comments about the standards of food provided with everyone making positive comments, such as, "The food is lovely". People told us that their consent was always sought on the way they were cared for and supported.

The organisation had developed a training programme of courses appropriate for a mental health service. There was a system in place to ensure that all staff received core training in topics such as; food and hygiene, the Mental Capacity Act 2005, moving and handling, infection control, adult safeguarding and health and safety training. In addition staff received more specific training in the field of mental health. Training topics included; mental health awareness, working with people with complex needs, motivational interviewing, alcohol and substance abuse awareness, challenging behaviour and self-harm. Three of the staff team members had achieved National Vocation Qualification level 3.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard. New staff spoken with confirmed they had received this training.

All the staff said that they felt supported through the staff supervision system. Staff told us that they received regular one to one supervision and an annual appraisal. They told us there was good staff morale and good support from within the whole team. Records were in place to plan and evidence that staff supervision was provided in line with the organisation's policy.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 spoke with the registered manager about DoLS and the MCA who demonstrated good understanding of the legislation. No one at the home had been referred for a DoLS.

From speaking with people and looking at care records we found that people's consent was always sought about the way they were cared for and supported. Agreements and goals were set with people so that staff

could support people appropriately with their consent.

People were positive about the standards of food provided in the home and had the opportunity for planning menus at residents' meetings. People also had opportunities for preparing their own meals if this was an identified goal as part of preparation to move on to more independence. Assistance and support from staff was documented within people's care plans and reviewed so that people received the assistance they needed. For example, one person preparing to move to move independent accommodation was assisted with budgeting, shopping and making their own meals.

People told us that they helped themselves to breakfast foods and were supported to prepare meals. At lunchtime the main meal of the day was prepared by the chef. People told us that their food likes and dislikes were known and respected; for example, one person told us that they did not eat pork and this was not served to them. Another person was diabetic and said that their dietary needs were met. Snacks and drinks were always available for people to help themselves to should they get hungry between meals.

Good

Is the service caring?

Our findings

Everyone we spoke with had only positive comments about the care and support they received. One person told us, "The staff are all lovely; I would give them a pay rise".

People had a key to the front door and also to their bedroom so that they could come and go as they pleased. They told us that staff did not enter their bedroom without their permission and therefore had privacy which was respected. There were clear policies and procedures in place for circumstances where staff could gain access to people's rooms if there were concerns for their well-being or safety.

Throughout the inspection we observed interactions between staff and people living at the home. It was evident that staff and people got on well together and that trusting relationships had developed between people and the staff team. We saw staff were respectful with people when they spoke with them and also took time to talk with people who were more reluctant to engage.

Staff were knowledgeable about people's individual needs as good information was provided within people's care records about their life history, interests, goals and needs.

An example of where the home had assisted a person to meet their individual needs concerned a person who wished to have a dog. Staff supported this person to get their own dog, to train it and look after it. The person told us how much this had enhanced their life.

Good

Is the service responsive?

Our findings

The home accommodated people with a range of abilities and also needs. Some people required stability and routine, whilst some of the younger people had goals to move to greater independence. There was a person centred approach in working with people in assisting them to plan their own goals.

Before people moved into the home assessments of people's needs had been carried out to make sure the home was both suitable and appropriate resources put in place to support people. Admissions were planned at the person's pace to allow them time to settle into the home. Views of other people living at the home were sought before a new person was admitted to the home. Records of pre-admission assessments were held on the files we looked at during the inspection.

On admission to the home, goals and the support a person required in achieving these were developed with the person with dates for reviewing progress. Examples of goals people had set included, supporting a person to have a holiday, supporting another person to be able to have and look after a pet dog and supporting another person with goals to prepare them for moving on from the home. One of the goal planning tools, the 'Recovery Star', developed by the Mental Health Providers' Forum was also used. This is a self-assessment aid to assist people in promoting their independence and recovery from mental illness. People could elect not to use this tool and set other objectives if they chose.

People's goals were clearly set out within their care records with reviews dates set. People then had individual reviews with their keyworkers to review progress, set further goals or to look at other support a person may require to achieve their objective. There were also quarterly reviews to look at people's progress over a longer time frame. Support or other services people required were also identified to make sure that external health professionals were involved.

As part of goal planning, there was evidence that people's physical health needs were also addressed. People were registered and supported to attend GP services and dental and care of eyesight also planned. During the inspection we spoke with a visiting professional from one of the mental health teams who were involved in supporting several people in the home. They said they had confidence in the home and the staff team and said the home was a valuable local resource.

Activities were arranged to keep people meaningfully occupied. The registered manager had conducted a survey looking at people's interests and hobbies so that these could be mapped to a programme of activities. Some people liked to take part in quizzes and bingo sessions whilst others enjoyed art. One person had many of their paintings displayed around the home. The previous year a camping trip took place, which was very popular and another trip planned for the year ahead. During the summer months, a beach hut was hired for a week, giving people the opportunity of enjoying the beach.

The home had a well-publicised complaints procedure with good information and forms to make a formal complaint on display on the residents' notice board in the dining area. No one we spoke with had any complaints about the service and people told us that they knew how to complain. They also told us that

they had confidence that any complaint would be taken seriously. We looked at the complaints log and found that no complaints had been made within the last year. Some compliments were recorded; for example, one from a visiting health professional, which said, "I have fantastic relationships with the staff which empowers the care of residents".

Good

Is the service well-led?

Our findings

The service had a positive culture being person centred in its approach to supporting people, with open and empowering management. All of the feedback from people living at the home, the staff team and visiting health professionals was positive about the overall management of the home. The organisation had clear objectives and a vision of working alongside people with mental health issues on their journey towards independence and fulfilling lives. This vision was embedded in staff attitudes and the overall provision of the service.

Views of people using the service had been gained through a number of ways. Regular residents' meetings were held. Records showed people could put forward suggestions and topics to be discussed. There was also evidence of agreed actions being taken forward. Annual surveys were carried out by the organisation's Service User Involvement Team, seeking anonymous views of people living at the home and other stake holders. Results of the last survey were collated in October 2015 and analysed with an action plan produced to take issues forward. A survey for this year had been started with survey forms still yet to be returned.

The registered manager also carried out small surveys within the home, for example the survey of people's interests and hobbies, which was used to plan activities, events and outings for the year.

There was innovation and development of the service as exemplified by the setting up of the peer support service which has led to better support of people.
There was oversight of the home by other managers of the organisation who visited the service each month to carry out a quality assurance audit. Copies of the reports made, following these visits, showed good oversight that had also sought views of people living at the home.

Other periodic audits were also carried out to monitor the quality of service provided. These included medication audits.