

Kingly Care Partnership Limited

Kingly House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We made an unannounced inspection of the service on 22 May 2017.

Kingly House provides accommodation and personal care for up to 17 people who require support because they have suffered brain injuries or have neurological disabilities. It, and three other services run by Kingly Partnership, are a centre of excellence for organisations that support people with similar needs. Kingly House is a 1920s detached property that has been extensively modernised and adapted for people who use wheelchairs and other specialist equipment. Accommodation is on two floors connected by a stairway with a stair lift. People have access to an enclosed landscaped garden.

The service 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 and associated Regulations about how the service is run.

People consistently experienced care that met their unique needs. People's lives had been enhanced as a result, often with outstanding outcomes which changed their lives. The service supported people with their rehabilitation in a meaningful way and helped them to achieve their aims no matter how challenging those aims were. People achieved increasing levels of independence because of the care and support they received.

The registered manager, the senior managers and the staff had a strong and visible person centred culture that was at the core of the service. People using the service felt the benefit of this through their experience of consistently outstanding care. Staff were motivated because they felt supported by a management team they felt inspired them.

People using the service knew what the aims of the service were and they were involved in developing the service. The service was exceptionally well led by the registered manager and senior team of qualified professionals. There were effective procedures for monitoring and assessing the quality of service and there was a commitment to continually improving the service. Feedback we received from a local authority that was that Kingly House was a 'high performing and well led service.' People's and relative's feedback from a recent satisfaction survey rated the service as outstanding.

The provider was an active participant of three regional and national forums, all specialising in raising awareness of brain injury and neurological disabilities. This helped the provider to ensure that care practice was in keeping with the latest research and a 'flagship' provider. They had been shortlisted for awards for best service in three different categories in three consecutive years, 2014, 2015 and 2016. The service provided preceptorships for newly qualified NHS occupational therapists. The service was a centre of excellence for this type of service.

People using the service felt safe and were protected by effective safeguarding procedures that staff were fully conversant with. Staff also helped people to make choices about how they wanted to be supported and how they spent their time. People were supported to participate in activities that developed and increased their independence. Where those activities included risks these were managed to protect people from injury.

People were supported by sufficient numbers of experienced and professionally qualified staff who understood their needs. The provider had effective procedures for the safe management of medicines.

Staff were well trained and supported by the management team and the directors of Kingly Partnership, all of whom were professionally qualified and specialists in neurological disability who participated in research in that area. People were supported by rehabilitation support workers (RSW) and professional occupational therapists that had extensive professional training about neurological disabilities. People were therefore supported by highly skilled and knowledgeable staff that consistently provided outstanding care.

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. The registered manager's contribution to a complex court case involving the Mental Capacity Act 2005 had been acknowledged in a court's decision.

People were supported with their dietary and nutritional needs. Staff made special efforts to ensure people had meals they enjoyed. Staff supported people to access health services when they needed them.

Staff were caring and compassionate. They understood people's needs and developed caring professional relationships with people. They supported people to express their views and took account of what they said. People and their relatives consistently reported that staff were kind and compassionate.

Staff respected people's privacy and dignity. The provider had policies and procedures that supported this practice.

People received care and support that was focused on their individual needs. The support they received had made a significant difference to the quality of their lives. People had developed skills which dramatically increased their independence as a direct result of the care and support they received.

People knew how to raise concerns and express their views. Their views were acted upon.

People using the service knew what the aims of the service were and they were involved in developing the service. The service was exceptionally well led by the registered manager and senior team of qualified professionals. There were effective procedures for monitoring and assessing the quality of service and there was a commitment to continually improving the service.

Feedback we received from a local authority that was that Kingly House was a 'high performing and well led service.' People's and relative's feedback from a recent satisfaction survey rated the service as outstanding.

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.

The service had effective procedures and practices for protecting people from harm.

Risks associated with people's care were managed without restricting people's choices about how they spent their time.

Staff were recruited safely and enough suitably skilled and experienced staff were available to consistently meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good 

The service was very effective.

People experienced high quality care from a staff team that included qualified professionals and highly trained rehabilitation support workers. This ensured that people consistently experienced high quality care and support. The provider used innovative and creative techniques to train staff.

The service attracted newly qualified occupational therapists who completed their preceptorships at the service.

Staff understood and practised the requirements of the Mental Capacity Act 2005 which ensured that people had the maximum choice and control of their lives.

Staff supported people to have sufficient to eat and drink; and people with special dietary needs had those needs met. Staff made special efforts to ensure people had their favourite foods.

Staff supported people to access healthcare services when they needed them. The service had excellent links with the relevant health professionals who were also involved in supporting people with their health needs.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion and involved people in decisions about their care and support. They respected people's privacy and provided care in a dignified manner.

People were supported to be increasingly independent.

Staff knew people well and understood what was important to people. They supported people to maintain contact with people that were important to them.

Is the service responsive?

Outstanding 

The service was very responsive.

People consistently experienced care that met their unique needs. People's lives had been enhanced as a result, often with outstanding outcomes which changed their lives.

The service supported people with their rehabilitation in a meaningful way and helped them to achieve their aims no matter how challenging those aims were. People achieved increasing levels of independence because of the care and support they received.

People knew how to raise concerns. The provider had effective arrangements for responding positively to people's feedback.

Is the service well-led?

Outstanding 

The service was very well led.

The registered manager, the senior managers and the staff had a strong and visible person centred culture that was at the core of the service. People using the service felt the benefit of this through their experience of consistently outstanding care.

Staff were motivated because they felt supported by a management team they felt inspired them.

Arrangements for monitoring and assessing the service were focused on ensuring that people consistently experienced outstanding standards of care. The provider was highly respected by other professionals and had been shortlisted for specialist awards three years running. People and relatives consistently reported outstanding levels of care through annual surveys.

Kingly House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced inspection on 22 May 2017.

The inspection was carried out 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. Our expert had experience of supporting people with learning disabilities.

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 intend to make. We looked at the information we held about the service. We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service. We used this information to help us to plan our inspection.

We spoke with five people who used the service and a relative of one of those people. We looked at five people's plans of care and associated records. We spoke with the registered manager, a managing director, the training manager, an occupational therapist and two rehabilitation support workers. We looked at the provider's recruitment practice, staff training records and records associated with the provider's monitoring of the quality of the service. We also looked at people's and relative's responses to a recent satisfaction survey.

Is the service safe?

Our findings

People told us they felt safe. A person told us, "It's safe here because it's all secure." Another person said, "I am safe because I am well looked after. My room is safe" and a third person told us, "I am looked after and safe. They [staff] make me feel safe." Three people expressed being safe by telling us they did not ever feel frightened. All 13 people who participated in a recent satisfaction survey carried out by the provider reported that they felt safe.

People who used the service were safe from avoidable harm and abuse and their human rights were protected. The provider had clear safeguarding policies and procedures to protect people from harm. Staff we spoke with had a comprehensive understanding of how to recognise and report different types of abuse. This included difficult situations where people were at risk from abuse from people they knew outside of Kingly House. When staff raised safeguarding concerns the registered manager acted on them immediately and alerted the relevant authorities. Several of the people who used the service went out alone. The provider had procedures for advising people how to be safe when they went out. The provider already had a 'missing person' protocol which they had adapted in line with latest guidance from a local authority and police force which had developed a new protocol. This showed that the provider was alert to new developments about the safety of people who were vulnerable.

Every person at Kingly House had a dedicated 'key worker' that they chose. A key worker is a member of staff who is responsible for acting as the main contact between the provider and person using the service as well as maintaining their plan of care. The provider allowed people to select a key worker who they felt confident in and someone with whom they could discuss concerns with. This was done to support people to feel safe.

Staff worked with people using the service to help them be as independent as they wanted by supporting people to do as much for themselves as they wanted. Where this involved risk, the risks were assessed and people were supported to minimise the risk of injury. For example, a person who had relied for many years on a wheelchair before they came to Kingly House wanted to walk. Occupational therapists at the service designed a walking frame the person could use and the person walked for increasingly longer periods. The person called their walking frame their 'mate'. Risks associated with people's care and support, use of specialized equipment and people's mobility were also assessed and managed so that people were safely cared for and supported.

The provider had effective procedures for reporting and investigating accidents and incidents. We saw that reports of both had been thoroughly investigated and where necessary people's risk assessments had been reviewed. For example, a person who was at risk of falling when walking was not discouraged from walking. Staff respected the person's fierce will to be independent and involved the person in developing strategies to minimize the risk of falling. They supported the person to take smaller steps and how to safely negotiate steps. This demonstrated the value to the service and people using it of employing professional occupational therapists who were highly trained and alert to people's physical capabilities or limitations.

Staff we spoke with told us they were absolutely confident that any concerns they raised would be taken seriously and acted upon. Staff knew how they could report concerns through the provider's whistleblowing procedures or to external agencies including the local authority and Care Quality Commission.

The premises were secure and exceptionally clean and well maintained. People told us this was a reason they felt safe. Equipment used to support people was appropriately serviced and maintained.

The provider had effective procedures for ensuring that enough suitably skilled and experienced staff were available to meet people's needs. Staffing levels were based on people's needs and choices about how they wanted to spend their time. Staff deployment was so effective that people were always able to participate in activities that involved going out or to support people to attend healthcare appointments. This meant that people were not restricted in terms of how they wanted to spend their time because of staffing levels.

The provider had effective recruitment procedures that ensured that only suitably skilled and qualified staff were employed to work at the service. People who used the service were involved in parts of the recruitment process and had a say in which staff they wanted to support them. Staff we spoke with recalled their experience of the recruitment process. They told us they had found it demanding and testing and they felt they had to prove themselves. People using the service could therefore be confident that only staff of high calibre and the right skills were recruited.

People received the right medicines at the right time, including when they went out for a day or when they went on holidays. A person told us, "I have never missed any meds even when I go out." Only staff who had completed rigorous training in the management of medicines supported people with their medicines. Their competence to continue supporting people was re-assessed annually. The service had safe arrangements for the storage of medicines and for the disposal of medicines that were no longer required.

Each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record to record what medicine the person took. Where people used a 'PRN' medicine (a medicine that is used when required, for example for pain relief) we saw that a protocol had been written so that staff knew when this could be taken.

Is the service effective?

Our findings

A person using the service told us, "They (staff) make me feel special" in response to our asking them whether they felt they were supported by staff who fully supported them with their needs. Other people's comments included, "They (staff) know what they are doing", "They know all about me and what I need, most definitely", "They (staff) are well trained." A relative we spoke with told us, "The staff definitely understand [person's] needs. They've made such a difference to her life." Feedback from a health professional was that 'staff clearly know what they are doing.' People who used the service consistently rated the quality of care and support they experienced as good or, mostly, very good in annual satisfaction surveys.

People were supported by staff who received a thorough and effective 12 week induction into their role. During the training manager supported staff to complete the Care Certificate. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. This was followed by a six month training programme developed by the provider using the latest research about brain injury and neurological disability. This training equipped staff with the skills and knowledge that they required to provide effective and well informed care and support to the people living at Kingly House who all had an acquired brain injury. This training consisted of 94 modules that broke the training down into manageable and achievable parts. The training manager told us, "We support staff to mature into their development." Everything staff were taught was in the context of the needs of people who had suffered a brain injury and lived with a neurological disability. The training was as far removed from being generic as it could be. The training manager explained, "For example, when we train staff about health and safety, which can be a dry subject, we do so in a way that includes the unique and specific health and safety requirements of each of our residents. It's the same with all of our training." The training was tailored to the specific needs of the people living at Kingsley House and contributed to people receiving consistent innovative care and support.

A qualified occupational therapist told us, "The training here is excellent. It's interactive and totally focused on the needs of people we support. We are trained by people who are experts in their field; there is no shadow of doubt about that. I feel that the quality of training and support has unleashed my potential. We are encouraged to be creative." They described how they, using their professional knowledge and a creative approach, had searched for and found a gym that catered for the needs of severely disabled people because a person wanted to join a gym. This person had subsequently gained increased independence as their health and physical strength had improved through regular attendance at the gym supported by staff. A rehabilitation support worker told us, "The training is really good. It is focused on how to support people to achieve things that are important to them." Another rehabilitation support worker said, "The training is all about how we help people to believe they can achieve what they want to achieve." Both rehabilitation support workers told us they valued the support they received from OTs and the management team.

Training was provided by professionally qualified staff and was evaluated by a training manager who supported staff to develop their skills and knowledge using personal development plans Training included

using innovative and creative ideas to assist learning. The training staff received was provided in a way that met staff member's preferred learning styles and supported them in applying their training. For example, one training technique transferred guidance and advice into lyrics with the musical background from a 'catchy' pop song. This technique made it easier for staff to recall the guidance in that form as opposed to remembering written guidance. Special training techniques were used to support staff who lived with dyslexia, for example to make it easier for them to read and create written records. A rehabilitation support worker told us, "The training I had has made it a lot easier for me to do what I should. It helped me with reading and writing. The trainer took their time to help me to understand."

Staff were supported through regular supervision and received appropriate training to meet the needs of the people they care for. The training manager monitored how staff put their training into practice. They did this through observing staff. We saw records of their observations. These were detailed and recorded whether people were supported the way they wanted to be and entirely in line with the person's care plan. Staff received feedback about the observations. Staff were positive about the support that they received. One staff member told us, "It's a great team made up of highly qualified people and enthusiastic staff." The registered manager and the management team all worked as part of the team. They shared their knowledge with staff to promote good practice and observed staff practice to identify what people were doing well and areas for improvement. This helped to ensure people continually experienced high quality care and support which was clearly evident from the remarkable things people had achieved.

Staff were supported by seniors and a management team of professionals with qualifications and expertise in needs of people using the service. These included neuro-occupational therapists and a neuro-psychiatrist. Staff with professional qualifications were registered with the relevant professional body. They had continued their professional development. The service provided preceptorships to newly qualified occupational therapists so that they could put their newly acquired qualifications in practice as part of their professional development. Staff applied their learning and knowledge to the benefit of people using the service. The provider had links with organisations specialising in neurological conditions and had access to their resources. The provider had, through those links, kept up to date with the latest research about supporting people with brain injuries and neurological disabilities.

When staff supported people they spoke and communicated with them in creative ways they understood. They used words, gestures, objects of reference or a 'language' that people had developed themselves. Staff adapted the way they communicated to fit in with the unique needs of the person they supported. That made a difference to people because it helped them to understand how staff were trying to support them with, for example, their mobility. A relative told us, "[Person] has come on leaps and bounds because of the staff. I have seen such a difference. They [the person] used to scream a lot because they were terrified of things, but not anymore."

Staff put their training into practice and supported people to achieve excellent outcomes which transformed people's lives. A person who had not been outside for several years before they came to Kingly House now regularly went out into Hinckley and attended important family events such as weddings and funerals. This was achieved because staff won the person's trust and confidence; and occupational therapists supported them to gradually improve their mobility. Staff supported another person to pursue their hobbies at venues in Hinckley as a way of supporting the person to build their confidence to be amongst a wider variety of people. Staff did this by sharing the same interests as the person and supporting them to visit different venues. Staff supported people to achieve things they thought were impossible because of their experience of other services. For example, people had been told they would not be able to walk again, but the training and support staff received made it possible for staff to recover something that was very important to them. A rehabilitation support worker told us, "Often it's a long process of trial and

error but we find a way that works for a person, something that they can respond to." A managing director told us, "We don't do 'can't do'."

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We spoke with a person who represented a person that had a DoLS authorisation. They told us, "The service meets the conditions of the authorisation and they keep this under review. The staff have a good awareness of DoLS and they respect people's rights."

The Kingly Care Partnership had a senior manager who ensured that MCA and DoLS were properly practised across all locations where they provided care and support. This meant people using the service could be confident that staff protected their human rights. The registered manager's contribution to a complex court case involving the Mental Capacity Act 2005 had been acknowledged in a court's decision. All staff we spoke with understood their responsibilities under the MCA; why a person was under a DoLS authorisation and how they were required to support that person. Staff used their communication skills and techniques to secure people's consent before they provided care and support.

People's nutritional needs were met. Their plans of care included assessments of their dietary and nutritional needs and had a strong emphasis on the importance of people having the right food and drink. For example, where people had life threatening food allergies these were understood by staff and the cooks who worked at the service. Special care was taken to ensure only wholly safe food products were purchased and used. People who experienced swallowing difficulties had specially prepared food they could eat in comfort. The service worked closely with NHS dieticians to ensure that people had a balanced and nutritional diet.

People chose what they wanted to have at meal times. Several people were involved in preparing their own meals. Three people told us, "I cook a curry, chicken curry"; "I enjoy cooking by myself and making drinks" and "I like cooking for myself." A communal kitchen was equipped with a special hob and utensils people could use safely. Staff used this facility to support people to learn cooking skills to support their nutrition and to increase their independence. People did their own food shopping or decided what food items they wanted staff to buy. A person grew their own vegetables in the garden which they and others used when cooking their meals.

People's plans of care included information for staff about how to support people with their everyday health needs. This included helping people access specialist health services and community health services when people needed them. A person told us, "If I am poorly they look after me." Other people's comments included, "If I was poorly they would get an ambulance or the GP"; "If I was poorly they would fetch the doctor or call 999. The paramedics did come and I went to hospital. I had pneumonia. The staff stayed with me all the time I was in hospital and I felt safe with them there."

The service has strong links with professional dieticians, district and specialist nursing teams. We saw

positive feedback NHS professionals had given about the quality of care provided. A nurse had reported that staff had dealt with a downturn in a person's health 'extremely well and without doubt had prevented a hospital admission.'

People who used the service experienced outstanding outcomes because staff championed what people wanted to achieve in terms of their health and wellbeing. People experienced care and support that helped them overcome independence limiting medical conditions which were thought by previous services they used to be irreversible. For example, people were supported to recover their ability to walk or to have more control over their posture.

Is the service caring?

Our findings

People told us that staff were caring and that they made them feel they mattered. Comments from people included, "I feel special because they (staff) listen to me"; "They give kind care"; "They make me feel special because they treat me with respect" and "They are wonderful carers, always helpful." A relative told us, "The staff are very caring. They make an effort to do things that are important to [person's name]." We saw several comments that relatives made in 'thank you' cards that were complimentary about the caring nature of staff.

People were supported by staff that had a detailed knowledge of their preferences, what they wanted to achieve and what mattered to them. Staff were supported in that regard by excellent care plans that included all the information they needed about how to support people the way they wanted to be supported. Staff found out more by supporting people to express their views using a variety of communication techniques that suited people's preferred method of communication. The training staff received included the most effective ways of communication with individuals. Staff were encouraged to think creatively about how to support people to communicate and they did this. For example, by exploring this with people staff found that people liked to communicate using a notice board they could write on, or a laptop computer to type what they wanted to say to staff. Other people used objects of reference or pictures or a 'language' they developed with staff. This ensured that people could feel confident they were understood about things that mattered to them.

Staff continually involved people in decisions about things they wanted to do and achieve. For example, a person's care plan said that their religious faith was important to them. They were supported to plan annual visits to a site of pilgrimage in France and kept informed of events at their place of worship. Other people were involved in planning how they could expand their social network by following their sports hobbies or going shopping at different venues in Hinckley. Staff involved other people in planning how to gradually increase their mobility from not being able to walk to be able to do so. They also involved people in developing plans to be able to communicate and maintain contact with people that mattered to them. People were also involved in planning how to learn new skills to enable them to be more independent such as cleaning, washing, dressing and cooking. A person told us, "I do my own self-care now, it's not a problem." Another said, "Now I can cook. I have had to learn how to cook again." All of these examples required many months of support and involving people in making decisions about how to take one step at a time towards achieving things they once believed were unattainable.

Staff supported people's privacy and dignity. They didn't enter people's rooms without being invited to. People chose which staff supported them with personal care. Staff referred to people by their preferred name. We saw people spending time in communal areas and in their rooms. People's rooms were furnished and decorated to their taste which made their rooms comfortable places where they enjoyed privacy. Staff demonstrated that people mattered by respecting decisions people made about staff respecting their 'space' in a lounge. People who enjoyed using the lounge had requested that staff and visitors did not use the lounge as a thoroughfare to the dining room. We saw that staff respected people's decision about this and ensured that visitors did likewise.

The service showed care and compassion to relatives and children of people who used the service. They did this by supporting those people to understand the effects of brain injury and neurological disorder. This included reassuring children that their parent loved them despite not being able to say so in words the child understood. This aspect of the provider's support also benefited the people using the service because of the reassurance it gave them that their loved ones understood their condition.

The provider had policies and procedures for supporting people to experience a dignified and comfortable period at the end of their life. These emphasised compassion and understanding towards the person and their relatives. Staff received training in providing end-of-life care. We saw feedback from a leader from a local place of worship wrote, 'I was certainly impressed with the way [person] was looked after and the love and attention shown'. That person's family wrote of the staff, 'You are very special people'. Staff were invited to people's funerals in recognition of the compassion with which they treated people when they used the service.

Is the service responsive?

Our findings

People were supported by a service that was very responsive to their needs and helped them to achieve their individual goals which were important to people. We found staff at all levels knew people very well and were able to discuss their needs and individual circumstances with us. People who used the service and their relatives consistently rated the service highly in annual satisfaction surveys. Comments made in surveys included, 'The staff listen to me which means a lot to me.'

People were supported to gradually regain, maintain and further develop their independence at a pace they could manage. People actively participated in developing their care and rehabilitation plans which included things they wanted to achieve because they were very important to them, for example becoming more independent. Staff provided exceptional support to help people overcome significant challenges. People who had been scared or anxious about leaving their rooms when they first came to Kingly House now enjoyed a varied social life because of the care and support they received. They socialised with other people and went out. They achieved this because staff involved them in decisions about their care and support over a short, medium and longer term. Staff supported people to increase their confidence to be able to increasingly realise their wishes. For example, with the support of occupational therapists and rehabilitation support workers people were supported to increase their mobility by first learning how to adjust their posture, then to sit, stand and then take a few steps. They were involved in planning each stage of what they wanted to achieve and supported at a pace they wanted.

Occupational therapists used their professional knowledge and skills to design walking frames people could use. A person was so pleased with their walking frame that they called it 'my mate'. Other people were supported to re-establish relationships with people that mattered to them because staff taught them to recover communications skills and to display emotions. A relative said, "They have come on leaps and bounds." They meant that the person was mixing with people and participating in activities which they had not done before. A relative had contacted the service to say that it meant a lot to them that a person was now able to write them letters. People were able to achieve so much because of the support they received from a dedicated team that included highly trained staff and professionals. The team were committed to improving people's lives by supporting them to overcome significant barriers, such as physical disability and limited communication skills to become more independent. They did this by supporting people to regain skills such as looking after their own personal care, cooking, going shopping. A person told us, "I am more independent now". We saw feedback from The Association of Directors of Adult Social Services (ADASS) that Kingly House had overcome barriers to support a person.

People and their relatives or representatives were involved in reviews of their care plans. A relative told us, "I am involved. I'm kept very well informed of the progress [person] is making. They can do so much more now, I've seen such a difference." We saw that people had regular meetings with their key worker when they were asked about their care plans and any changes they wanted to make, as well as what activities they would like to take part in. This meant that people were regularly given the opportunity to discuss their care and any changes they would like to happen. Staff listened to people and acted on what they had said. For example, after a person told staff they wanted to go abroad on a religious pilgrimage staff helped the person

plan to do this which meant they were able to go.

Staff were focussed upon providing consistent person centred care and support. This was underpinned through involving people in decisions about their care and support. This applied to what people wanted to do on a daily basis and to how they wanted to achieve greater independence in the longer term. This meant that people's care and support was planned proactively with them. All staff we spoke with told us about people's support needs and demonstrated an excellent understanding of the contents of people's care plans. Staff knew the people who they supported and how they wanted to be supported. This meant that people were being supported to work towards achieving meaningful and challenging own goals, wishes and aspirations.

The service had a strong focus on person centred rehabilitation planning. The registered manager told us 'Everything we do is bespoke and designed to meet the person's needs.' Every person had their own rehabilitation diary of what they wanted to achieve. Staff supported people to develop plans that included incremental stages of their journey towards rehabilitation. These were planned with the person and included a balance of personal care routines, leisure, therapeutic activities and help with household tasks. Those activities of daily living were a crucial part of peoples' rehabilitation plans towards achieving greater independence. The activities enabled people to relearn skills that they had lost following their acquired brain injury. Staff told us of the unique challenges that each person faced in completing activities such as making a hot drink, food or to wash and dress. These challenges varied from remembering the order of how to do things, motivation or the ability to physically complete tasks.

Staff had an excellent understanding of people's diverse cultural beliefs and background. People were supported to follow their chosen faith and to enjoy meals that were part of their culture. The service supported people to respect diversity in the community. For example, people looked forward to attending a gay pride event in Birmingham during the May bank holiday. The provider had policies and staff training in place to protect and respect people's diversity and human rights. The provider had supported people to register to vote in the June 2017 general election and had provided people with an easy to read guide about who the parties were and how they could cast their vote.

People were encouraged and supported to develop and maintain relationships with people who were important to them. Kingly House provided a highly specialised service and people who lived at the service often did not have family that lived locally. Therefore the provider had recognised that people needed to be supported to maintain contact with their family in other innovative ways. People were taught how to use 'skype' and email and now sent correspondence regularly which had a significant emotional impact on their life because they were now able to communicate and correspond with people that were important to them. People at Kingly House formed friendships with other people living at the service and in two neighbouring services run by the provider. Staff supported people to maintain these relationships and we observed that there was a positive, supportive community atmosphere. There were no restrictions when relatives or relatives could visit the service. Staff supported people to visit their families and friends who lived a long way away. The registered manager made arrangements for people to be able to attend family gatherings and celebrations including weddings, christenings and funerals.

Records showed that when people raised concerns with staff their concerns were acted upon. People had opportunities to raise concerns at any time they wanted or at care reviews or monthly residents meetings. People told us that they felt confident in approaching the registered manager if they had any concerns. A person told us, "I did moan about the shower because it was cold but it's better now so that was a good outcome. They improved it and made it better." Two other people told us, "If they did something I didn't like of course I would tell them" and "I have no complaints but would feel comfortable to complain if I needed

to." There were procedures for making compliments and complaints about the service. A person told us, "Oh, I know how to complain. I would send a letter." We saw many compliments that had been received from people who used the service and relatives.

A complaints procedure was accessible to people because it was in an 'easy to read' format using signs, pictures and words that people using the service had themselves developed as a means of communicating. The complaints procedure allowed for a complaint to be referred to the directors of Kingly Partnership to investigate and for an external third party to look at complaint to ensure an objective and independent approach.

Is the service well-led?

Our findings

People told us that they were highly satisfied with the service provided and the way it was managed. A person told us, "I would say it is outstanding here" and another said, "I would say it is ten out of five. It is outstanding." People and their relatives consistently rated the service highly in annual satisfaction surveys.

The provider consistently sustained outstanding practice. They were led and managed by specialists in the field of acquired brain injury and neurological disability. The level of excellence was such that Kingly Croft and three other services run by the provider were centres of excellence for other providers. The provider was one of only six services shortlisted for national awards in 2014, 2015 and 2016 in categories of providing complex care, rehabilitation and promoting independence by an independent organisation. The shortlisting citation recognised the service for 'maximising wellbeing, removing institutionalised barriers and enabling normalised living.' This meant people and relatives could be confident and assured that the service consistently provided high quality care and continually strove for excellence. The quality of leadership and the skills of staff supported people to achieve outcomes that transformed their lives, for example being able to walk again or to go outside alone after lacking the confidence to do so for many years.

The service was led by an experienced registered manager who was a professionally qualified neurological occupational therapist. They led and inspired a team of occupational therapists and rehabilitation support worker. We received positive feedback about how they managed the service. Staff consistently spoke highly of the registered manager, the management team at the service and the support they received from the provider's head office which was staffed by professionally qualified people. One staff member told us, "[The managing director and registered manager] are exceptionally knowledgeable." Another staff member told us, "We all feel really well supported by the management team" An occupational therapist told us that the support and encouragement they had received had "unleashed" their potential. This meant that occupational therapists were encouraged to use their imagination and creative skills to work with people and together develop solutions to overcome significant challenges. For example, working with person to develop forms of communication that made it easier for people to express their views and feelings to people that mattered to them.

Rehabilitation support workers told us the management team fostered a 'relaxed and listening environment' which encouraged staff to think creatively about how they supported people who used the service. They told us the service had an open culture where all staff could contribute ideas about how to continually improve the experience of people who used the service. For example, the staff team discussed and agreed how people who used the service would be supported to achieve the goals they had set for themselves. The whole staff team were involved. The training manager summed this up when they told us, "There is not a big gap between the floor and mission control." This meant that staff who supported people on a day to day basis and knew them well were able to directly contribute to the development of the service. This contributed to the exceptionally person centred culture within the service. Staff contributed ideas and suggestions about how to support people to achieve things they wanted but believed to be unattainable, for example to walk or to go out alone or go shopping for clothes and personal items. Staff discussed their ideas

with the management team and were supported to put their ideas into practice. For example, staff designed and made a special walking frame for a person that they find so helpful that they called it their 'mate'. The person was able to walk for longer and further than they had been able to before.

Other developments included equality and diversity workshops that supported staff to raise people's awareness of the diverse nature of society. This resulted in people asking to be supported to attend gay pride events. The training manager introduced novel and creative means of training that helped staff to recall what they had been taught by using song and music on the basis that it was easier to recall lyrics to a song than it was to recall something they had read in a policy or guidance.

People knew what to expect from the service. They were given information in an easy to read format about the standards they had a right to expect and the service's aims and objectives. The service had a statement about the vision and values it promoted. It included values such as providing a service that was person centred, making sure that people felt valued as individuals, and promoting a positive culture. Staff understood and were able to tell us about the values. Throughout the inspection we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, the deputy home manager, and a team of four occupational therapists. Staff told us that the registered manager and the senior management team were always available and that they spent time in the service to see how people were. We saw staff at all levels speaking with people and relatives and it was evident that people responded positively to this. A relative told us, "Everyone [staff] is so focused on the people who live here." This showed that the service was exceptionally focused on providing care and support that met people's unique needs.

The registered manager exercised creative leadership had made the best of the talents and skills staff had, such as artistic and creative tendencies. These were matched to the characteristics of people who used the service to ensure people were supported by staff with the same interests and hobbies which meant that people and staff were equal participants in activities that people found meaningful and satisfying. Under the direction of the registered manager staff supported people to achieve outcomes they had previously lacked confidence to attempt. These included learning to walk again, to express feelings and emotions and re-establishing relationships with people that mattered to them.

The registered manager and all of the management team kept up to date with good care practice and took part in research and development schemes. For example, all of the management team who were qualified occupational therapists were members of the British Association of Occupational Therapists (BAOT). The registered manager told us that their occupational therapists were supported with the professional development to ensure they remained registered with BAOT which is responsible for that occupational therapists remain fit to practice. This meant people using the service could be assured that they were supported by skilled and able staff. The registered manager attended three different national and regional forums specialising in brain injury and neurological disability. They did this to share Kingly Partnership's best practice and to learn from other similar services. Those forums sought to raise public and professional awareness and improve the standards of care through improved communication and collaborative working. The provider had been assessed as being an approved provider for their services to be commissioned by health professionals. Such was the excellent reputation of the provider that they attracted newly qualified occupational therapists were supported to put their training into practice for one year before resuming their career in the NHS.

We found there was a strong emphasis to continually strive to improve, recognise, promote and implement

innovative systems in order to provide a high quality service. The service had developed a bespoke information system that was tailored to the needs of the people who used the service and staff who worked in it. This enabled all staff to easily access, record and review all information relating to people who used the service. It also provided the management team with a live overview of the care delivered. This meant the management team continually monitored and assessed in 'real time' the quality of care and support people experienced rather than retrospectively. People could therefore be assured that there were systems in place to ensure they received support they needed it.

Senior managers visited the service regularly and carried out audits on topics such as medicines, training, paperwork, family liaison, health and safety, professional and clinical liaison, residents meetings, and supervisions. We saw that there was a detailed list of responsibilities and areas to be audited. This was completed on a monthly basis and actions were developed to drive the service towards excellence. For example, the introduction of the management information system further reduced the risk of errors or omissions in the delivery of care. This meant that the service had processes in place to drive continuous improvements in the delivery of an already excellent service.

The service played a role in the local community. The registered manager contributed to the education and awareness of children and students attending a local school. This was after a child of a person who used the service found it difficult to understand what had happened to their parent after they had suffered their injury. The registered manager prepared and delivered a tutorial about the impact on people and families of people living with a brain injury. This showed that the registered manager used their expertise to raise public awareness about acquired brain injuries. The service worked with schools to arrange 'parents evenings' at times that were easier for people using the service with school age children to attend.

The management team regularly researched innovative initiatives and new care tools to improve the management of the home and support for people. They attended care conferences and exhibitions and brain injuries and neurological conditions to keep up to date with developments in research. The registered manager told us how they made contacts with professionals so that they could liaise with these people later to see if the ideas and initiatives were suitable for the people living at the service. Through researching creative initiatives, the management team had identified the potential value and enhancement to people's lives. For example, specialised orthopaedic equipment for people with severe physical disability was used to support a person to gradually and safely recover some mobility and improve posture. The service supported people to find ways to fund the equipment because it was not available through traditional funding methods. The service had therefore helped a person secure additional support they would otherwise not have known about or experienced the dramatic benefits of. This also showed that the service looked beyond it's own resources to find ways of improving people's lives.

There was an open culture that utilised reflective learning to create a learning organisation that contributed to the continual development of the service and the safety of people using it. For example, after people experienced falls thorough investigations were carried out by the registered manager to establish the cause of the fall. Evidence was reviewed by the management team who also reviewed people's risk assessments. Proposed actions to reduce the risk of similar accidents happening again were discussed with staff and the people involved and agreed upon. There was an open culture that encouraged staff to report concerns or mistakes.

Staff were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse. Staff told us that they could approach the management and that they felt listened to. This showed that the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

We found there were excellent communication systems at the service which supported people to express their views. Resident's meetings were held monthly. Most people attended the meeting and minutes of the meetings were made available to every person. These provided an opportunity for communication between people who used the service and staff about any ideas or concerns they had. People's and relative's views were sought through annual satisfaction surveys. The results of these were consistently positive and people and relatives rated the service very highly.

The registered manager was fully aware of their registration responsibilities. They submitted notifications of incidents at the service. These were detailed and included details of how and why the incidents occurred and the actions taken to prevent a reoccurrence. The quality of the provider's notifications to CQC outstanding. They contained detailed descriptions of incidents, how they happened, why they happened and how they could be prevented from happening again. This showed the provider had a culture of learning. They submitted provider information returns in a timely manner.