

Dolphin Care Limited

Kingfisher Court

Inspection report

Kingfisher Court
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 09 and 10 October 2018.

Kingfisher Court is a 'care home' and is registered to accommodate up to 13 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is purpose built to provide specialist accommodation and rehabilitation facilities for those with acquired brain injury and associated neurological conditions. At the time of the inspection, 13 people were accommodated at the home.

There was a registered manager in place. 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 felt safe at Kingfisher Court and they were very much at the heart of the service. We received consistent positive feedback from people's relatives and health professionals. People's relatives felt the service went above and beyond and were extremely experienced at looking after people needs. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff enjoyed working at the home and understood the needs of people using the service and supported people in a personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

Relevant recruitment checks were conducted before staff started working at the home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

Activities were provided on a one to one basis by staff according to each person's needs and interests. People were supported to have good access to the local community and were able to take part in varied activities that they enjoyed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

People were cared for by a motivated and well-trained staff team. Staff received regular support and one to

one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; policies and systems in the service supported this practice.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service is now rated as outstanding.

The service recognised and responded to people's changing needs, including needs for social interaction and stimulation.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which they could choose to attend. People's views about the home were listened to. A complaints procedure was in place.

People received excellent care that was based around their individual needs that ensured care was personalised and responsive.

Is the service well-led?

Good ●

The service remains well led.

Kingfisher Court

Detailed findings

Background to this inspection

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

This inspection took place on 09 and 10 October 2018 and was unannounced. The inspection team consisted of one inspector and an assistant inspector.

Before this 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 also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who lived at the service. Not everyone we met who was living at Kingfisher Court was able to give us their views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

During the inspection we spoke with three relatives and two visiting health care professionals. We also spoke with the registered manager, deputy manager, a registered nurse and three staff members. We looked at a range of records which included the care records for three people, medicines records and recruitment records for four staff members. We looked at a range of records in relation to the management of the service, such as health and safety audits, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from three relatives and a further three healthcare professionals.

We last inspected the home in April 2016 where no concerns were found. The home was rated as good in all domains.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said, "I always feel safe here". Another person told us, "Safety is very high on the agenda, but not restrictive". A relative told us, "I find he is safe here, the staff work with me for [person's name] best care". Another relative told us, "Myself and my family feel that she is very safe and well cared for by the team". Other comments included, "Definitely feel she is safe here". As well as, "I do believe he is in a safe place and they meet his needs".

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. One person told us, "I feel the risk assessments are good and proportionate, and they also practice positive risk taking". Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for accessing the community.

Relatives and health professionals told us they thought the service kept people safe and they managed risks very well. A relative said, "I am very confident that they manage my Father's risks and safety exceptionally well at all times. Supporting my Father to participate in activities that have managed risks so that he does not miss out". A health professional told us, "I have observed positive risk assessment with an enabling approach. I believe risks to be well monitored and managed with effect. Due to the nature of the client group, incidents are more likely to occur but they are dealt with quickly, effectively and with transparency".

Some people were at risk at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained detailed information for staff on how to avoid this occurring and what to do when incidents occurred. A health professional told us, "I have placed some of the more challenging individuals in Kingfisher Court, carers have managed to develop therapeutic relationships and enforce boundaries when required. Carers show confidence in managing aggression and have demonstrated good de-escalation skills".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A relative told us, "I am more than happy with the safeguarding processes that are in place at Kingfisher Court. My Father was moved to Kingfisher from his previous home as he had been on Safeguarding alerts for over six months! No longer do we have the need for an external

agency to ensure dad's safety. It has been a great relief".

The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

There were enough staff deployed to meet the needs of people and keep them safe. A relative told us, "Seem to have enough staff. Better than the hospital". During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were supported to receive their medicines safely. Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given, in line with current legislation.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. Staff had a very good knowledge of people and their medicines needs. They had supported one person to manage their anxiety and agitation to such an extent that they had become calmer and had never had to resort to taking medicines prescribed for this condition.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements to safety.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures.

Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. However, we observed there was no hand washing sink in the laundry as recommended by best practice. Staff had been using the bathroom next door to wash their hands. We spoke with the registered manager who has arranged for a sink to be fitted in the laundry promptly.

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "Nice, really nice here". Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. A relative told us, "So far so good. Been here about seven months. This is their third home and best so far. My son can't express his feelings so needs a lot of understanding. I come every day and staff are very tolerable. [Person's name] is happy here". Other comments included, "I have watched the staff interact with my Father and they certainly do have the qualities and skills to provide the best of care".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional training in supporting people who posed a risk to themselves or others. This meant staff were aware of the management and intervention techniques to positively support people with escalating behaviour. Staff also received additional specific training to ensure they had the skills necessary to meet people's needs such as wound care and PEG training. One staff member said, "Training good, very helpful and it's delivered well".

New staff to the home completed an induction programme. Arrangements were in place for staff who were new to care, to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. New staff were also provided with a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their health care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved in discussions about their care and staff gained people's consent before they supported them.

Health care professionals were positive about the service and told us the service had a good understanding

of the MCA. One health professional told us, "Kingfisher Court are MCA compliant and regularly assess capacity on decision specific basis. I have been impressed by the lack of prejudice which has been displayed with regards to diagnosis and person-centred approach that is taken to enable residents to be as active in decision making as is safely possible". Another health professional said, "The team at Kingfisher Court provide high quality care, they respect patient autonomy and employ the principles of the mental capacity act".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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. Relevant applications for a DoLS had been submitted by the home and had been approved. The home was complying with the conditions applied to the authorised DoLS.

Staff were all aware of people's dietary needs and preferences. They said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. We saw that there was guidance within people's care plans about the support to be provided at meal times by staff, along with any associated risks. Some people who used the service had been identified as being at risk of choking and we saw that there was guidance for staff to follow about how to keep people safe while eating.

People's health care needs were met. A relative told us, "We know when we go home we don't worry as they will get the doctor when needed". Another relative said, "My Father's health is monitored regularly and if there are any issues I am notified immediately and the appropriate health professional is brought in to my Father as and when required, with follow up information provided to myself in a timely manner". People's health care needs were monitored and had access to a range of health care professionals including GP's, speech and language therapists, community psychiatric nurses, opticians and chiropodists. Information about people's health needs was included within their care files and health plans included information as to what support people may need in relation to these.

Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "I have always had a good working relationship with the home, patients have always been cared for in a respectful, holistic way which has improved their health and quality of life".

The environment was appropriate for the care of people living there. The service was purpose built and specifically designed for people with a range of physical disabilities. All areas of the service were wheelchair accessible. People's bedrooms were highly personalised to their own tastes and preferences. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms.

Is the service caring?

Our findings

People told us staff were caring and they were treated with kindness and compassion. One person told us, "The staff really care. People who are non-verbal get treated with the same care and respect as those who are verbal". Another person said, "It's the best, best, really the best". A health professional told us, "Staff seem caring never had any issues, got the time to speak to you".

Relatives felt people were cared for by staff who were caring and compassionate in their role and that their loved ones were happy living at the home. One relative told us, "The staff are all friendly and my Mum has always been happy to be there". Another relative said, "The level of care is exceptional in Kingfisher Court and this has been evidenced in the positive changes in my Father. The strain that it has taken off myself knowing that 'nothing is too much trouble' is immense. I could not wish for better care for my Father". Other comments included, "Staff are lovely and very caring". As well as, "It doesn't feel like a care home and we are always made to feel welcome".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. People could move freely around the home and could choose whether to spend time in their rooms or communal areas. A health professional told us, "Staff seem to know the people well. Staff remind one client when their favourite football team are playing".

We spent time in the communal area of the service during our inspection. We observed positive, caring interactions between staff and people using the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

The staff also showed respect always and maintained dignity. It was very clear that staff respected the people and the people using the service respected the staff. Staff told us they would knock on people's doors and identify themselves before entering. Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style. Staff told us that information was contained in the person's care plan. They ensured doors were closed and people were covered when they were delivering personal care.

Staff understood the importance of promoting and maintaining people's independence. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans promoted independence.

One person told us, "Confidentiality is standard practice, not just because you're here [CQC]". They also told

us, they were confident in staff consistency around confidentiality and "doesn't feel like they [staff] would ever breach it, either purposefully or accidentally". Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personalised care and were supported to follow their interests and make choices about how they spent their time. One person told us, "I never feel restricted by the service for my activities and what I want to do. The management and staff are creative in how they use my hours." Another person said, "I get to do all the activities that I want to do". A health professional told us, "[Registered managers name] is very proactive in supporting residents to stay healthy organising physiotherapy, swimming, hydrotherapy for residents outside the NHS budget. She is also very supportive at accommodating the resident's social needs and well-being outside of Kingfisher Court. Another health professional said, "We have got a few of our clients here. Really good communication with [registered manager name] quite responsive, seek advice if needed, no negative feedback from clients. [Registered manager] responsive, generally don't have any concerns not had any issues what's ever. They have gone beyond for [person's name] to make him comfortable here done lots for him".

Relatives told us the service went above and beyond. One relative said, "The level of care provided is exemplary and I cannot fault it. Kingfisher Court should be held up as a positive example of how a care home should be run". As well as, "Over all the level of care as previously stated is exemplary and that is not just for my Father. I feel they have lifted a great burden from myself. Knowing that my Father is safe and well looked after every moment I am not there is so important. This now means when I visit my Father I have quality time with him. From the moment I walk in the front door and am greeted by a member of staff who offers me a drink, to how they interact with me if I have any concerns or issues I need to raise, I could not wish for a better place for my Father to live".

Another relative had high praise for the home and told us how the service had improved their relative's life for the better. They told us, "Since he has been there we are so overwhelmed by the team and the difference and change in him, it has been wonderful". They told us about their previous placement and how that had affected their behaviour. They said, "Can't praise the staff enough. I'm so happy and so are our my mum and dad at the difference, and he is so happy. It's all we could of wished for. Can't thank them enough for bringing [person's name] to how he was".

When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. A relative told us, "[Registered managers name] and her management team are just amazing, nothing is too much trouble, I feel listened to and supported when discussing my Father's care with them. I would like to just add that if it had not been for the interaction from [registered manager] upon the initial assessments I would not have chosen Kingfisher Court for my Father. I needed to know that my Father was going to be happy, well looked after and positively challenged to work towards a better quality of life. [Registered managers name] has led her team to achieve this with my Father".

People were fully involved in their care plans, and staff made sure they were happy with the care plan. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Care plans were in place to promote

equality and diversity, for example, emotional and behaviour support plans which informed staff to focus on the barriers they may face and for staff to respect people's rights to be treated with dignity. For one person this stated, 'staff are to ensure that nothing is done without me, which will help me gain control over the service provided. This can be as simple as asking me what I would like to eat or where I would want to go'.

People experienced care that was personalised. Care plans contained detailed daily routines specific to each person. A health professional told us, "Care plans were good and really up to date". Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, there was specific guidance provided for staff. For one person this contained information on hypoxic and anoxic brain injuries. This meant that staff had easy access to relevant information that supported best practice in the care of individual's needs.

People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. Information about people's preferred daily routines was also included in their care plans. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.

The provider recognised and responded to people's needs for social interaction and mental stimulation. Staff were aware of people's needs and how they liked to spend their time. For example, for one person in their previous placement they seldom accessed the community and would not easily engage in conversation due to their physical and mental wellbeing. Since moving to the service their physical and mental wellbeing had greatly improved. They now regularly engage in the community and have an activity plan in place which included going to a hydro pool once a week, accessing the shops, theatre, cinema, bowling, out for meals and visiting the beach. The registered manager told us over their time here they have transformed their quality of life. Due to weekly physio appointments their mobility has also greatly improved and they are becoming more independent reducing their need for care hours in the process. This has meant they are planning for them to move to supported living in the future.

People participated in a range of activities both within the service and outside. The service had its own mini bus and transport car and outings were provided up to three times a week. Care plans were in place for activities with a strong emphasis on promoting independence and not disempowering people. We saw records of meetings with staff and people on an individual basis for people to choose which activities they would like to participate in. The service treated people as individuals and for one person they didn't like to plan their activities weekly but instead chose on the day what they would like to do and the service worked with them to achieve this.

People were also able to engage in the community. A health professional told us, "There is a big focus on wellbeing at Kingfisher Court and residents are able to frequently access the community and pursue interests". For one person they volunteered at a local church and were actively involved in helping the church and the community, for example by making posters for the church to display. They have also been supported by staff to attend holidays with the church and to participate in conferences. Other activities in the community included, sports and days out.

It was evident during our inspection that the culture in the home centres on the people living there. We observed music therapy on the first day of our inspection by outside entertainers. They visited the home weekly and provide one to one music therapy as well as group activities. People and staff were clearly

having fun with lots of singing and laughter and participation with musical instruments taking place. We observed one person taking part who use to enjoy playing the guitar. They had a guitar in their room and are unable to play the guitar at the moment but enjoy staff playing their guitar to them. The interaction between staff and people was excellent, lots of singing was flowing well and it was evident that this was a regular event that took place.

Activities were inclusive for everyone in the home. For people who are unable to speak or who are cared for in bed care plans were in place for some people to participate in Namaste. Namaste Care is designed to assist people who have severe cognitive impairment, dementia and also neurological conditions to take part in meaningful activities. The core beliefs of Namaste is to provide stimulation of the senses. The program enabled people's wellbeing to improve reducing agitation and behaviours that might challenge. For one person they had planned Namaste actives throughout the week which included, massage, music, aromatherapy, sensory and being read and sung to. Records showed they enjoyed the company of staff and they responded better with this type of activity.

The staff was proactive in responding to people's comments and views. Regular keyworker meeting were held with staff to ensure people were listened to and had choice about their daily life, meals and activities. The service also sought feedback from residents and family members through the use of a quality assurance survey questionnaire which was sent out yearly. Results were still coming in but we saw one comment that stated, 'I could not have found a more compassionate home for dad, absolutely brilliant'.

The service had also received lots of positive comments. One review from a health professional stated, 'I am a nurse, working for an NHS Clinical Commissioning Group and I have had several very challenging and complex patients that have been and are currently residents at Kingfisher Court. The service offered is person centred and staff are friendly and responsive to whatever challenges they are presented. The environment is calm and relaxed despite the level of needs demonstrated by the client group. Kingfisher are able to manage situations other homes would struggle with and without constantly requesting input and guidance on how to manage; this is very rare in the current market of Nursing placements. The placement is excellently managed with strong leadership, which looks to empower staff and residents and encourages an inclusive approach. I would have no hesitation in recommending this home to any patient, loved one or professional'.

A complaints procedure was available and a suggestion box was in reception. Staff knew how to deal with any complaints or concerns according to the service's policy. Where there had been concerns or complaints made, these had been investigated thoroughly and people and their families were satisfied with their response.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us an example where they supported one person who was partially sighted to become more independent. This involved buying them a magnifying glass with a torch so they could read the units on their insulin pen so they could manage their diabetes independently. They also ensured that all information given to them was in large print so they could read it and understand it.

People and their families were given support when making decisions about their preferences for end of life care. The provider was working with the local health authority to implement the Six Steps end of life programme. Staff were supported around the issue of death and ongoing training and support from the

local hospice were included. The service aimed to provide high quality end of life care, by employees who demonstrate dignity and compassion for those who are dying. Care staff demonstrated an empathetic, kind and thoughtful approach to care of people as they approached the end of their life. The service ethos is one where developing relationships built on mutual trust and respect are vital for them to meet the needs of people. All staff are supported to challenge any practice that does not impose this ethos. A health professional told us, "They will engage with Learning Disability Reviews and have been proactive at care planning for people at the end of their life".

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led. One person told us, "Staff are really well managed. [registered and deputy manager name] go above and beyond". Another person said, "Brilliant place, brilliant". A relative told us, "The management team are wonderful in particular [registered managers name], she often goes above and beyond and she has always kept us well informed and up to date with my mother's ongoing care and needs. If ever we have had a concern as a family regarding my Mum they are there to listen and support us in any way they can to achieve a good outcome". Other comments included, "Manager very nice they listen to you". As well as, "The [registered manager name] is very approachable and the staff are brilliant". A health professional told us, "The service delivered at Kingfisher Court is excellent and I have often placed at Kingfisher Court as a last resort when other placements have failed. They have always managed the challenges with effect and professionalism and also asked for support and advice of other services when required". Another health professional said, "I have no concerns about the quality of care provided by the team at Kingfisher Court, they are well led and historically if there have been any concerns about members of staff they have been dealt with quickly, efficiently and using the proper channels".

Staff were positive about the support they received from the registered manager. One staff member told us, "Management, feel supported by them. They put me forward for training and they helped me with my NVQ 3 in care". Another staff member said, "Manager supportive can raise concerns gives us options and updates you if been away. Will also call you as well to update you about any care plans updates". Other comments, "I feel supported in my role".

Staff meetings were held regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. All groups of staff were given the opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager and the deputy manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control and health and safety. Where issues were identified, remedial action was taken. In addition to the audits a recent external audit completed by the local pharmacy showed no concerns or actions had been identified. The registered manager also walked around the home observing staff interactions and offering support to people and staff.

In addition to the audits, the provider carried out a full audit in line with CQC key line of enquiries. Where issues or concerns were identified, an action plan was created and managed through the regular meeting processes. We reviewed this audit which showed most of the actions raised had been addressed. For example, one action was to fix a paving slab which had now been completed.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had

appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.

The registered manager informed us they kept up to date by attending training. The registered manager also supported other managers by attending managers meetings to share best practice and share with the providers other homes.