

Kingly Care Partnership Limited

Kingly Croft

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 6 January 2015. The inspection was announced because we wanted to be sure that people would be at the service when we visited.

Kingly Croft provides accommodation and personal care for up to six people who require support because they have suffered brain injuries or have neurological disabilities. Kingly Croft is a 1920s detached property that has been extensively modernised.

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 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 protected from harm but were encouraged to take risks that increased their independence.

Summary of findings

People were supported by sufficient numbers of experienced and well-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. The provider had links with nationally and internationally recognised organisations that were experts in the field of brain injury and neurological disabilities. This helped the provider to ensure that care practice was in keeping with the latest research.

Staff understood the relevance to their roles and responsibilities of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent before providing care and support and did not practice any form of constraint.

People were supported with their dietary and nutritional needs; and were able 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's privacy and dignity were promoted because staff had a good understanding of 'dignity in care' and put that into practice.

People received care and support that was focused on their individual needs. People had developed skills and 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 well led and organised. The provider took an active interest in the service. There were effective procedures for monitoring and assessing the quality of service. A high quality service was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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. Enough suitably skilled and experienced staff were available. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff with the necessary skills and knowledge. Staff understood and practised the requirements of the Mental Capacity act 2005. Staff supported people to have sufficient to eat and drink and to access healthcare services when they needed them.

Good



Is the service caring?

The service was caring.

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

Good



Is the service responsive?

The service was responsive.

People's plans of care were based on their individual needs. People were supported to be as independent as possible. People knew how to raise concerns. The provider had effective arrangements for responding positively to people's feedback.

Good



Is the service well-led?

The service was well led.

The provider involved people using the service, relatives and staff in developing the service. The provider had effective procedures for monitoring and assessing the quality of care and support. The service was led and organised in a way that promoted continuous improvement.

Good



Kingly Croft

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 6 January 2015. The provider was given 48 hours' notice because this is a small service for people who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

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 contracts services with Kingly Croft.

We spoke with two of the six people who used the service and a relative of one of those people. We looked at three people's plans of care and associated records. We also looked at the provider's safeguarding and medicines management policies. We looked at how the staff used the provider's procedures for reporting incidents and accidents. We spoke with the registered manager, shift leader and two other staff. We looked at the provider's recruitment practice and staff training records.

Is the service safe?

Our findings

A person who used the service told us that they felt safe because, “The staff understand me 100%”. They explained how staff had helped them overcome worries and anxieties. Another person told us, “I feel very 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 and the staff we spoke with were entirely familiar with them. They knew how to recognise and respond to signs of abuse. A care worker told us, “I’ve had extensive training around safeguarding.” Staff had a very good understanding of the people who used the service.

Staff worked with people using the service to help them engage in a range of activities that they wanted to that involved risk. The registered manager told us, “We do not wrap people in cotton wool.” For example, some people went horse riding and others went out by themselves. People also had work interests that exposed them to risk of cuts and bruises and staff carried out risk assessments and advised people how to stay safe. The risk assessments were particularly effective because the staff carrying out the assessments often shared the same interests as people using the service. Where they did not then they took the time to learn about them. Staff therefore had a practical awareness of the risks involved. Staff provided people with enough information to be able to make informed decisions about their care and support. A person using the service described how staff had, “Brought my confidence back” to be able to do things they’d previously been worried about doing and which exposed them to risk.

Risk assessments of activities associated with people’s care routines, and mobility were carried out by staff with appropriate qualifications and relevant skills. People using the service and relatives participated in the risk assessments. This meant people and their relatives understood they were helped to stay safe whilst achieving their preferred goals. A relative told us staff had helped someone using the service to “Do things they couldn’t do before they came,” by “Not being afraid to take some risks.” Plans of care included risk assessments of events that could harm a person’s health. The risk assessments included details of how those risks could be minimised by the way staff supported people; for example how people were supported with their meals.

Staff supported people to understand how to keep safe when they went out alone. Staff had done that by teaching people about safety in a way that gradually increased their independence. For example, staff supported people how to use public transport and how to buy railway tickets. They taught them about safe routes and how to plan days out. All these factors contributed to people’s safety and independence.

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. 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 well maintained. Adaptations had been made to ensure that people could move about the home safely. At the time of our visit only one item of equipment was required to assist a person with their mobility. The provider had effective arrangements to ensure that equipment was maintained according to the manufacturer’s specifications.

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. At least two staff were always on duty. More staff were on duty to support people to go out for social occasions or 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 did not use agency staff, which showed that enough suitable skilled and experienced staff were employed.

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.

People received the right medicines at the right time. Staff we spoke with knew why people took the medicines they did. A person using the service told us that they’d discussed

Is the service safe?

their medicines with staff. The provider had effective arrangements for the management of medicines at the service. Only suitably qualified staff supported people with their medicines and their competences to do this were regularly reviewed. Medicines were ordered in a way that ensured enough were always available. The provider had safe and effective arrangements for storing medicines and

disposing of those that were no longer required. When we carried out a check of the stock of medicines we found that all medicines were appropriately accounted for. At the time of our inspection no person required controlled drugs. However, the provider had the required facilities and procedures in place should that situation change.

Is the service effective?

Our findings

A person using the service told us, “Staff are well trained and knowledgeable.” Another person using the service told us they felt staff were very well trained and said “I have 100% respect for them.” A parent of a person using the service told us staff had the necessary skills to provide for the individual and specific needs of their relative.

We saw from training records that staff had undergone an induction into the service. They had received training about adult social care generally and specific training about supporting people with brain injuries and neurological disabilities. Staff we spoke with told us the training they’d received had equipped them to meet the needs of the people using the service.

When staff supported people they spoke with them in ways they understood. Staff adapted the way they communicated to fit in with the needs of the person they supported. A relative said of staff, “They are adaptable here and consider and listen to us.” We saw staff communicate with people using spoken words and gestures that people understood.

People received care and support to help them achieve goals they had set. People’s care records detailed progress people had made. Staff had the right skills to support people to increase their skills and independence. People and a relative we spoke with told us of the progress they had made because of the support they had received. A relative told us their [person using service] had been helped to do things they were unable to do before they used the service and staff had helped them recover skills and abilities. The care and support people received took account of research and guidance about neurological disabilities. This showed that people received care that was effective and followed recognised best practice.

The provider had a well-defined procedure for supervision of staff that included regular one-to-one meetings for individual staff and their manager. The procedure stated that supervision meetings were central to a process for helping the staff learn and develop their skills. Staff we spoke with told us they found their supervision meetings were helpful and supportive. A care worker described a senior colleague as “A fountain of knowledge.” Another told us that supervision meetings with managers were structured and helpful.

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. 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.

Staff were encouraged to take further studies including a Kingly Partnership leadership and management programme.

We found that people using the service were supported by a staff team of skilled and experienced individuals who were themselves very well supported.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. At the time of our inspection no person using the service was under any restriction.

We saw that people had their mental capacity assessed. Having mental capacity means being able to make decisions about everyday things. For example, decisions about what to wear, what activities to participate and what risks to take. It also means being able to take more important decisions, for example agreeing to medicines, medical treatment and financial matters. People using the service had capacity to make a wide range of decisions assessed.

Staff we spoke with understood the requirements of the MCA and DoLS. They knew that they could not use any form of restraint when supporting people or provide care and support without their consent. During our inspection we saw that staff explained to people what support they proposed to provide and waited for a person to express or demonstrate consent. The Kingly Care Partnership had a

Is the service effective?

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.

People's plans of care included assessments of their dietary and nutritional needs. People were supported to have a balanced diet. A parent of a person using the service told us how staff had supported a person who wanted help to control their weight. We were able to corroborate what the relative told us by looking at the person's plan of care which contained a clear plan of action of how to support the person to achieve their aim.

People chose what they wanted to have at meal times. Staff were able to prepare meals that met each person's specific

food preferences. They were able to do that because the provider had effective arrangements in place to find out and then accommodate people's preferences. People were relaxed and joined in conversation with staff during lunch time which made the meal time an enjoyable social occasion. People who required support with eating received support that was in line with their plan of care.

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.

Is the service caring?

Our findings

A person who used the service told us, “They [staff] are friends rather than staff. They are like a family”. We observed that to be the case. Staff knew what was important to people using the service, they knew what people liked and they knew people’s personal histories. Staff we spoke with had a full understanding of the contents of people’s plans of care and how they wanted to be supported.

People decided which care worker they wanted to be their key worker. A key worker is a care worker takes responsibility for a person’s care and support. Those arrangements meant that people using the service and staff were able to grow to understand each other and develop a caring relationship in which the key worker was able to motivate a person to fulfil their potential.

A relative told us, “Staff motivated [person using service]. She is a happier person.” A person using the service told us that the support they had “brought my confidence back”. People felt they mattered. People using the service and a relative told us how staff had showed care and kindness in supporting them to become more independent and confident. Those people’s plans of care and care records confirmed what people had told us. People had been supported to deal with and overcome fears and anxieties because staff were caring. Each person using the service had been supported to achieve their individual goals at a pace that suited them because staff understood people’s circumstances.

Staff motivated people to develop their skills and increase confidence and people responded. People had been supported to take small steps to achieve a longer term goal. Staff involved people in monitoring their own progress and they did that to build people’s confidence and motivation. Staff were motivated and inspired to support

people in a way that improved people’s lives and made them as independent as possible. We saw from records we looked how staff had overcome occasional reluctance from people to increase their skills. Staff believed in people’s potential to achieve more and they found innovative ways to help people overcome their fears and anxieties.

People were involved in decisions about their care and support. A relative told us they were invited to meetings when plans of care were reviewed and updated. They told us, “We [relative and person using the service] ask questions. If I don’t understand I ask. We ask questions and we get an answer.” A person using the service told us they had been involved in planning their care and discussions about how they could be helped to achieve their goal of recovering skills and confidence to be able to resume work. Plans of care we looked at contained evidence that staff had regularly involved people in the planning and delivery of care.

Staff supported people to be independent by helping them develop everyday life skills. Staff prompted or helped people to keep their rooms tidy; helped people manage their finances and do their shopping. People were supported to plan days out and to go out alone. A person was being helped to learn to drive. Staff supported a person to attend training courses that taught work skills. At the time of our inspection a person using the service was ready to move out of Kingly Croft to live independently because the service had prepared the person for that.

Staff respected 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.

Is the service responsive?

Our findings

The aims of the service were to support people to develop skills to help increase their independence. People's plans of care contained information about what they wanted to achieve and how they wanted to be supported. People were supported in a way that met their personal needs and developed their independence safely.

A person told us, "I knew straight away, as soon as I walked in, that Kingly Croft was right for me". They told us the support they had received had prepared them to feel ready and confident to leave the service and live with a relative. Care records we looked at and what people told us showed that people had received personal and individualised care they needed and wanted. People were supported to recover skills they thought they had lost before they moved to Kingly Croft. Staff supported people to increase their confidence to do things and had helped people to gradually increase their skills. A relative told us about how staff had helped a person recover reading skills. They told us, "Staff helped [person using the service] to make and sustain improvements. They helped [person] to understand their condition." The relative told us that when the person first used the service their reading skills were limited to reading newspaper headlines but the person could now read novels. That person's relative told us the person had been supported to improve many skills. They told us, "We've seen progress; [person] has improved markedly. They have been supported to be independent and staff have helped sustain improvement. They can do things now they couldn't do before they came here."

Another person who wanted to regain confidence to return to employment had been supported to do so. Staff had supported that person through practical activities that helped the person regain their skills and confidence. They told us, "I'm desperate to get back to work. The staff helped me access a work programme." Staff provided them with practical activities. They added, "It's brought my confidence back." What we saw and what people told us showed that staff were highly skilled. They understood people's individual needs and preferences and had helped people to achieve things they would otherwise have not achieved.

People were supported to develop every day skills through activities they enjoyed. They told us they kept their rooms tidy or did gardening or decorated their rooms. People were supported to follow their interests, for example horse

riding, swimming, pottery or going to a gym. Some people preferred using libraries, going to the cinema or meals out. People with specialised hobbies were supported to maintain them. A relative told us about a person whose hobby was calligraphy. Staff supported the person with that to help improve their writing skills. People participated in activities that increased their skills and confidence and benefitted other people using the service. For example, some people did shopping for the service and helped prepare meals.

Staff communicated effectively with each other when they shared information about people using the service. That had ensured that people experienced a continuity of care and support irrespective of which staff supported them. A relative told us, "I'm confident that [person's] needs are met." They concluded, "We're extremely pleased with what has been happening in the last 12 months."

People's needs were regularly reviewed and assessed. We saw from care records that people were involved in reviews of their plans of care. A relative told us, "I'm invited to meetings and have copies of care plans as they are reviewed and updated." Reviews of people's needs included assessments of progress they had made. People were supported to monitor their progress towards what they wanted to achieve because information about that was presented in ways they understood.

People who used the service and their relatives contributed to the assessments of their needs and plans of care. That included people saying what their strengths were and what they wanted to improve upon. Staff acted upon what people told them. A person using the service told us, "If I have an issue I only have to mention it and it is dealt with". A relative told us, "Staff listen and learn."

We found that the care and support staff provided had made a difference to the quality of people's lives. Every person using the service had become more independent as a result of the care and support they had received.

People were able to express their views at reviews of their plans of care, residents meetings and meetings they had with their key worker. People knew they could express their views at any time.

The provider had a complaints procedure that people knew about and could easily access. People who used the service and relatives knew how to raise any concerns. None had made complaints.

Is the service well-led?

Our findings

The provider had a clear vision about the aims and objectives of the service. These were understood by people using the service and were a reason why they chose the service. A person told us, “I knew straight away, as soon as I walked in that it was right for me”. Staff we spoke with understood the aims of the service. A care worker told us, “We [staff] share the vision. We all have the same goal. It’s a team effort.” They added, “We [staff] have an input into the service.”

The provider had policies and procedures that promoted openness and encouraged staff to raise concerns or question practice. Staff supervision meetings also promoted openness. Staff told us they were confident that if they had occasion to raise concerns they would be taken seriously by seniors. The provider encouraged relatives of people using the service to raise any concerns they had. A relative told us, “My views and opinions are sought and listened to.” They told us their suggestions about equipment used by the person using the service had been acted upon.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager who was supported by a team of seniors. They were supported by senior managers and specialists in Kingly Partnership. Individual senior staff in Kingly Partnership took the lead on subjects such as MCA and DoLS, infection control and health and safety. The directors of Kingly Partnership were very experienced in the field of brain injuries and neurological disabilities. They provided support and worked alongside the staff team. They carried out quality monitoring activities to assess the quality of service. A care worker we spoke with told us, “The provider puts in a magnificent effort.”

The registered manager or a senior worker were always on duty. This meant that care workers always had a person with specialist knowledge and expertise to seek advice from.

Senior managers, the registered manager, seniors and staff kept up to date with current good practice in the field of brain injuries and neurological disabilities. This was through links with nationally and internationally recognised bodies. Developments in research about supporting people with brain injuries were discussed at staff meetings and implemented where appropriate. For example, the provider engaged with leading specialists and consultants in the fields of neuropsychology and neurophysiotherapy and others to provide care to people using the service.

There were effective quality assurance systems in place to monitor the quality of the service. These included regular scheduled checks of the safety of the building and environment, checks of plans of care and care records and observation of staff care practice. The directors and management team had a plan for making improvements in the next 12 months. This demonstrated the provider had a culture of continuous improvement in the quality of care provided. A relative of a person using the service told us, “We’re extremely pleased with what has been happening in the last 12 months.” They added, “We’re happy for [person using the service] to stay here as long as possible.”

The provider had procedures for reporting all accidents and incidents which occurred at the service or when people using the service were away participating in activities. Reports were investigated and analysed by the registered manager. We saw that people’s risk assessments were reviewed and people’s care plans updated when necessary. For example, the pace and structure of learning activities was adjusted to reduce the risk of a person losing confidence. Staff were informed of the outcome of investigations of reports they had made. The provider’s procedures for investigating reports of accidents and incidents were set up to drive continuous improvement in the delivery of care and support.