Kingly Care Partnership Limited

Kingly Lodge

Inspection report

21 Mount Road
Hinckley
Leicestershire
LE10 1AD

Tel: 01455613845
Website: www.kinglycarepartnership.com

Date of inspection visit:
17 March 2016

Date of publication:
16 June 2016

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

This was an unannounced comprehensive inspection that took place on 17 March 2016.

Kingly Lodge is a care home registered to accommodate and provide rehabilitation for up to five people who have a mental health diagnosis. The home is located on three floors. Each person had their own bedsit with kitchen facilities. The home had a communal lounge, kitchen and dining room where people could spend time together. At the time of inspection there were 5 people using the service.

The service had 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 2008 and associated Regulations about how the service is run.

We received very positive feedback about the service. Comments from people included, "I am happy to be here", "It is like a family", and "I feel really wanted here."

People received care and support that was extremely responsive to their needs and preferences. Care plans provided detailed information about people so staff knew exactly how they wanted to be supported in a personalised way. People were supported as individuals and encouraged to maintain their independence in ways that were important to them. A wide and varied range of activities were on offer for people to participate in to support their rehabilitation in a meaningful way. People were encouraged to pursue their interests and hobbies and to have holidays.

People actively participated in developing their care and rehabilitation plans. People were encouraged and supported to develop and maintain relationships with people who mattered to them.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way that protected the person, other people using the service and staff.

The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary.

There were enough staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People were supported to maintain a balanced diet where they were supported with eating and drinking. Where monitoring was required for health purposes this was in place. We saw that people were able to choose their meals and were involved in making them.

People were supported to make their own decisions. Staff and managers had a full and up to date understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of capacity had and DoLS applications had been made. Staff were acting in accordance with DoLS authorisations. Staff told us that they sought people's consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect.

People and staff felt the service was very well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The vision of the service was shared by the staff team and put into practice. The service promoted a positive and open culture.

The registered manager and all of the management team kept up to date with good care practice. The registered manager and the management team shared their knowledge wit the staff to promote good practice. They observed staff practice to identify good practice and areas for improvement.

Systems were in place which continuously assessed and monitored the quality of the service. This included obtaining feedback from people who used the service and their relatives. Systems for recording and managing complaints, safeguarding concerns and accidents and incidents were managed well. We saw that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

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.

People were protected from risk of abuse and avoidable harm. Staff knew what action to take if they suspected that abuse was taking place. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

Staff were trained to a high standard that enabled them to meet people's needs.

People were encouraged to make decisions about their care and day to day lives. Consent to care and treatment was sought in line with the Mental Capacity Act (2005). Staff understood the requirements of this.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

Staff knew people well and understood how each person wanted to be supported.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's needs had been appropriately and thoroughly assessed with them. Care plans provided detailed and comprehensive information for staff about people's needs, their likes, dislikes and preferences. Staff consistently demonstrated a person centred approach and put this into practice.

There was a large range of individualised activities on offer. These supported people with their rehabilitation in a meaningful way and helped them to achieve their aims. People were encouraged to pursue their hobbies and interests.

People's concerns and complaints were investigated. The service responded promptly when people's needs or wishes changed.

Is the service well-led?

Outstanding ☆

The service was well led.

The registered manager, the senior managers and the staff had developed a strong and visible person centred culture. Staff told us the management team were very knowledgeable and led by example.

There were clear vision and strong values at the service which staff promoted when they supported people.

There was a range of robust audit systems in place to measure the quality and care delivered and so that improvements could be made. Staff were aware of their role and felt supported by the registered manager. They told us they were able to raise concerns and felt the management team provided good leadership.

Kingly Lodge

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 17 March 2016 and was unannounced. The inspection was carried out by an 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the training manager, a director of operations, two care workers and a visiting health professional.

We met people who used the service and we spoke with three people on a one to one basis. We spoke with two relatives of people who used the service. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

People we spoke with told us that they always felt safe when receiving support from the care staff. One person told us, "I feel very safe. I lock the doors all the time. That makes me feel safe." Another person told us, "They [staff] are very protective of you; they wouldn't let anything harm you." A relative told us, "[Person's name] safety is of paramount importance to Kingly. They described the steps that were in place to keep the person safe and told us, "It puts me at ease." Another relative told us, "Although you can't wrap them in cotton wool, I feel that [person's name] is safe here."

People told us that they understood types of abuse and what actions they would take if they had concerns. One person told us about a time they had reported to staff a safeguarding incident involving people outside of the home. They told us that this had been dealt with well and this helped them to feel safe and secure. A relative told us, "They supported [person's name]. They were really professional to get to the bottom of the story. They really protected her. I was impressed." Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this training had been completed. All the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally when this had been requested by the local authority or by the local authority.

People's support plans included risk management plans and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about accessing the community, smoking and risks associated with using kitchen equipment. The service had a policy around positive risk taking. This meant that people were not restricted from doing something because it was deemed to be unsafe. We saw that when someone wanted to do something they would be supported to find ways to reduce risks associated with the activity and were encouraged to carry out the activity as safely as possible. For example people were supported to self-administer their medicine in order to develop their independence and to help them feel in control. Risk assessments were reviewed annually unless a change had occurred in the person's circumstances. This was important to make sure that they information included in the assessment was based on the current needs of the person. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so.

Where accidents or incidents had occurred these had been appropriately documented and investigated.

The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People were protected from the risk of harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. Personal emergency evacuation plans were in place for people living at the home. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place.

People told us that there were enough staff to meet their needs safely. Relatives agreed that there was always someone around to help if needed and that there were enough staff on duty. People told us that they had alarms in their rooms in case of emergencies and that the staff had responded quickly when these were pressed. One person told us that they felt reassured that staff checked on them through the day and night. Another person told us that they found that this meant a lack of privacy for them. We discussed this with the staff who told us that this had been discussed with the person and agreed what checks they were happy with. Staff told us that they felt there were enough staff to meet people's needs. The rota showed that suitably trained and experienced staff were deployed so that each person had their allocated support. We saw that staff responded to peoples requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Staff had undergone detailed recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. People told us that they knew that they had to take medicine and why they had to take this. They confirmed what time they took their medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. When medicine had been administered there were additional checks carried out by a second staff member to make sure that all medicines had been administered. 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 someone had a 'PRN' medicine we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We saw that there was guidance in place to tell people what homely remedies they could safely take that would not interact with their medicine. These had been reviewed by the GP. We looked at the records relating to medicine and found these had been completed correctly.

Good

Is the service effective?

Our findings

People and their relatives were positive about the ability of staff to meet each individual person's needs. One person told us, "They know what is up with me." Another person told us, "They know when I am feeling down and would know what to do to help me." A relative told us, "They understand [person's name] emotional and physical needs day to day." A visiting health professional told us, "They manage [person's name] brilliantly. They have a good staff team. I think very highly of them."

People were supported by staff who received a thorough and effective induction into their role. Staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. We saw that the provider used the Care Certificate for newer staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. Alongside the Care Certificate staff also undertook a bespoke induction for the service. This included an introduction to brain injury, appropriate behaviour in a care setting and creating a family environment. This meant that the staff were aware of the expectations of them very early in their role. The training manager told us about the induction for night staff. They explained that this was a robust system that included the member of staff shadowing day time staff as well as night time staff. This meant the night staff would develop further understanding of the person and how to meet their needs.

People were supported by well trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. Staff had undergone training to enable them to respond to the emergency needs of any person who lived within the service or other homes owned by the provider within the local vicinity. This meant that in the case of an emergency there were other trained staff in the next door service that could be called to support the member of staff on duty. The training manager told us that they monitored training through the training matrix. This identified what training staff had undertaken and what needed to be refreshed. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that training was good quality. One staff member told us, "I do lots of training; it has been really good." Another staff member told us, "Training has been really good. It is good quality. They have been brilliant." The training manager told us that staff's practice was evaluated following training to make sure that they were putting what they had learnt into practice. This was done through observation and working alongside the staff. This meant that the service was evaluating the effectiveness of the training that staff had received.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help support workers develop in their role. They can also help to identify what aspirations staff may have to progress within the organisation. The training manager told us, "The company is good at bringing people up through

the ranks." Staff told us that they had regular supervision and felt supported. One staff member told us, "I am 100% supported by my manager. I couldn't do this job without that." The registered manager told us how supervisions were time for the staff. They told us, "It is their time to talk about what is important to them, and to identify what staff want out of career progression. People are given time to prepare so that it is meaningful." Records we saw confirmed that supervisions and appraisals had taken place. We saw that staff were being offered the opportunity to become trainers and champions in specific areas. One staff member was in the process of becoming a first aid trainer. This had taken a period of months to complete. The person when qualified would be able to provide training to staff in house but would also have an externally recognised training qualification. We found that other staff were being trained to become champions in areas such as infection control and moving and handling. This meant that staff had the opportunity to develop their skills in these areas and to support other staff.

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 three people who used the service had a DoLS in place. People were aware of these. One person told us, "My DoLS prevents me from living my life." We found that the person had been supported to legally challenge their DoLS, however it had been agreed that the measures that were in place were in the person's best interests and were the least restrictive ways to keep the person safe. We discussed this with the person and staff. The person told us, "Staff support me. I tell them what I am not happy with and they write it down so it can be discussed." Staff told us that they wrote down what the person told them about their DoLS and that these records were used when the DoLS had been reviewed. This meant that the person could be confident that their views about the restrictions were shared. Records we saw confirmed that this had taken place. The registered manager and staff showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

Staff were able to demonstrate that they had understanding of the MCA and that they worked in line with the principles of this. They were confident discussing the principles of the MCA and what it meant in practice for the people they supported. This involved supporting people to make their own decisions and involving others when this had been needed. A relative told us, "I feel that I am listened to in meetings and that they ask my opinion about what is in [person's name] best interests." Staff told us, "It is a given to ask people what they want. Each person has autonomy. I respect someone's decision to say no." Records showed that the registered manager was able to respond appropriately when people were not able to make decisions that could affect their wellbeing and did not have relevant person to act on their behalf. This included involving health and social care professionals in best interest decisions regarding people keeping safe.

People told us that they enjoyed the food and were involved in making the meals. One person told us, "I cook every day." Another person told us, "They meet my dietary needs and are very flexible." Another person told us, "The food is great, I can ask for more if I want it." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw a menu was available with choices for each meal. We saw that meal choices had been discussed at residents meetings. Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks. We saw that where someone had a dietary

need, for example a healthy diet, they had a support plan that included information about what foods were suitable, portion sizes and what the person ate had been recorded. Staff told us that they prompted people to eat balanced meals. The registered manager told us that people were supported to follow diets of their choosing.

People were supported to maintain good health and could access health care services when needed. One person told us, "If I felt unwell I would tell a member of staff and they would help me to make an appointment." Relatives told us that they were kept informed, with the person's consent, of appointments and the outcome of the appointment. We saw that people were referred to therapists when appropriate, such as when their mobility had changed. People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the dentist. We saw that staff supported people to monitor their weight if the people wanted to be supported with this. Records showed that information from health appointments was recorded with the person's agreement. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff able to contact them in the event of an emergency. Specific and clear guidance was provided to staff to ensure that people followed any guidance from health professionals. For example one person had exercises that they carried out to improve their mobility. We found that there was a clear plan in place for the person to follow. We saw that staff supported the person to follow this.

Good

Is the service caring?

Our findings

People were very positive about the support that they received and the caring nature of staff. One person told us, "The staff are really lovely, really caring." Another person told us, "It is like a family here." Another person told us, "The staff all care about you. I feel really wanted compared to the place I was last at." A relative told us, "The care is exceptional." Another relative told us, "The staff do a good job. It can't be easy." A visiting health professional told us, "The staff are very good, They work very hard."

People were treated with dignity and respect. We observed staff interacted with people in a caring compassionate and kind manner throughout the inspection. This included laughing and joking with people. We heard light hearted conversations which led to laughter and joking. One person told us a story about going on holiday with the member of staff and them both taking part in karaoke. The person enjoyed this holiday and told us how important it was to them that the staff member had been with them. We saw that staff spent time chatting to people and took an interest in them.

People told us that staff knocked on their door and waited to be invited in. We saw that this happened. People told us that if they didn't want staff to come in they could say so and the member of staff would respect this. They told us that they knew that the staff were near and would check on them later. We saw that someone asked staff to come back later and this request was respected. Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. Staff discussed private or sensitive information away from where other people could overhear their conversation.

People were actively involved in making decisions. This included decisions about meals, going out, attending activities and participation in the reviews of their care. We saw throughout the day of the inspection that people were asked what they wanted and if they wanted to participate in their activities. Records showed that people had been involved in decisions about their support. People were involved in deciding which staff worked in their home. The registered manager told us that before staff were recruited they were invited to the house to meet and chat with the people who used the service. People were encouraged to give feedback to say if they wanted the person to be employed. People were also involved in recruiting the senior managers. The registered manager told us that she had met people who used the service as part of their interview process. They told us, "I got the job so hopefully they liked me."

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's independence was promoted. Risk management plans identified ways in which people could be supported to undertake things themselves with measures in place so that things were done safely. For example, one person liked to go out and preferred not to have staff with them. This was not possible due to identified risks. However staff would support the person from an agreed distance so that the person felt that they had some independence and freedom. We saw that one person had a restricted fluid intake. The

person understood the reasons for this. They had agreed that each day a variety of drinks of their choosing would be put into their fridge in their room. This meant that the person had choice over what they drank and did not have to ask the staff for drinks while they had the correct level of fluids. People were supported to undertake household and every day activities to maintain their independence. One person told us, "I do my own laundry." We saw that people were doing their own washing, and making their own food and drinks. A staff member told us, "I encourage people to do things for themselves. It is important not to deskill someone. You can reach an agreement with each person, for example You wash, I will dry." Another staff member told us, "It is all about encouraging people to be part of a team. Each person has an agreed list of who will do what and when around the house."

Staff were knowledgeable about the people who they supported. They could tell us about people's histories and preferences. One staff member told us, "It is all about understanding people. When you know them you can adapt to meet their needs and understand complexities."

People's visitors were made welcome and were free to see them as they wished. A relative told us, "You can visit when you want to. There are no undue restrictions."

People had chosen how to decorate their home and their own rooms. We were invited to see three rooms. People had pictures of family, friends, activities and their own belongings in each room. One person told us, "I chose to have my room decorated in red as it is my favourite colour." Encouragement had been given so that people could decorate their room to their taste. We saw throughout the home that people's art work was displayed. People were pleased to show us the pictures that had they had painted. There was a communal lounge, dining room and kitchen where people could spend time together if they wanted to. We saw that people had an agreed smoking area and used this throughout the day of the inspection.

Outstanding ☆

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 goals. We found staff at all levels knew people well and were able to discuss their needs and individual circumstances with us. A person told us, "The staff know me well. They know when I am down and come and talk to me." A health professional told us, "They manage [Person's name] really well. The staff all keep me informed.

People were supported to maintain their independence and access the community. People had been involved in an initial assessment of their needs before they moved to the home. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had informed the care plan.

People actively participated in developing their care and rehabilitation plans. We saw that people had requested how their support was carried out. For example one person asked for changes to be made to their care plan. These changes were made. We found that people had signed their own care plans. Records showed that people and their families had been involved in reviews of peoples care and involved in decisions with the person's consent. One person told us, "I was unhappy about something. I discussed this at my review. I was impressed that the staff helped me to find information so that I could make an informed choice with health professionals." Relatives told us that they attended the reviews. A relative told us, "The meetings are open and honest." Another relative told us, "I feel listened to." 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.

People's care plans were personalised and provided details of daily routines specific to each person. For example, in one person's care plan it identified that they preferred to brush their teeth after breakfast. One Health professional told us that they were extremely happy with the service, that it was person centred and achieved exceptionally good results. They said, "They manage [person's name] brilliantly. This was the last chance they had to live in the community and Kingly have worked hard to make sure that this happened." Care plans had been kept under review to make sure that they reflected people's current circumstances. This helped ensure that staff provided appropriate support to people and could meet their needs as these changed. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported. Each care plan had goals that the person had identified that they wanted to achieve and steps to achieve these. This meant that people were being supported to work towards achieving their own goals, wishes and aspirations.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book that all staff could access.

Staff knew how to support people if they became upset or distressed. We saw from one person's care plan that they could display behaviour that could be classed as challenging and they could become verbally or physically aggressive. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us in detail. The care plan and risk assessment had been reviewed regularly and when there had been an increase in the person's behaviours changes were made to how to de-escalate the behaviour. This meant that the service had been responsive to the needs of the person and changed the plans to become more effective.

We found staff had taken action when one person started displaying behaviour that could have an impact on their health and well-being. After discussions with the GP, and other involved health professionals a meeting had been requested by the service to discuss their concerns with all parties. We saw that management plans had been implemented and daily monitoring had been put in place to make sure that detailed records of the behaviours, what had happened before and what had happened afterwards had been recorded. We found that the person's capacity had also been considered around the decisions that they had made. The staff had supported the person to understand the implications of their behaviour by using diagrams and pictures to explain what had happened. The person had been involved throughout the process. This meant that the person could be reassured that their needs were being assessed on a regular basis.

People were offered a wide range of activities to provide them with stimulation and meaningful tasks. People we spoke with were consistently positive about what they did during the day and how it had helped them. One person told us that they had attended the Brain Gym. The Brain Gym is a programme that teaches people, movements, exercises and activities to improve areas such as concentration, memory and focus. The person told us, "I have found that I am getting less distracted and can concentrate more. It calms me down and definitely helps."

There was a strong focus on person centred rehabilitation planning. The registered manager told us 'all elements of care and rehabilitation are bespoke and designed to meet identified needs and wishes'. We saw that each person had their own rehabilitation diary. These were planned with the person and included a balance of personal care routines, leisure, therapeutic activities and help with household tasks. The registered manager explained how activities of daily living were a very important part of people's rehabilitation plan. They told us that these activities enabled people to relearn skills that they had lost following their acquired brain injury. The staff told us that for each person completing these activities presented a unique challenge which varied from remembering the order of how to do things, motivation or the ability to physically complete tasks. We saw that people were confident with tasks they were completing and that staff supported them discreetly and let the person take the lead. The registered manager told us that in order for people to work towards developing the skills needed to complete these tasks a lot of specialist support was provided by the staff, and they followed plans that had been developed by the occupational therapists for each person based on their individual circumstances. This meant that each person had activities that were designed to meet their own needs. The registered manager described this as 'embedding real life into rehabilitation'. They told us that this approach meant that some people were able to move into more independent settings.

We saw that support with household tasks and personal care took place in the service, however most other activities were planned to be outside of the service. This meant that people were being encouraged to socialise and use facilities in the local area. The registered manager told us that this had helped to develop links with the local community, increase people's confidence and was an important part of rehabilitation for people. They told us that social gatherings had been held and people including the newsagent were invited. Staff facilitated some activities in the service that was next door. One person told us, "I like to go across to

meet up with my friends. The sessions are not too long so I can come back when I want to." This provided an opportunity for a social gathering, meeting fellow residents from other houses and talking about and engaging in activities of common interest.

The service had supported people through facilitating meaningful pastimes and activities. For example, one person accompanied the maintenance man and supported them with general maintenance around the home. Another person had shown an interest in a work placement. They had been supported to identify goals to help them work towards this achievement. One of the goals was to achieve a computing qualification. We saw that they were supported to find a course to work towards completing this. The person had struggled with the course and was supported to identify a different course that removed some of the areas that they had struggled with. The registered manager told us that they had worked with a training company and the person to identify a course that would be suitable. They told us how they had spoken with an external training provider and asked for a specific course to be found that would enable the person to achieve their aim. We saw that the service had developed links with a specific organisation that aimed to find a sustainable vocation for people. This meant that people had been able to participate in work experience or volunteering if this was suitable for them. We saw that where this had not been suitable people had been enabled to manage a fete stall. We found that another person had been supported to go to nightclubs as this was something that they enjoyed. The person had requested specific staff for this activity and where possible this request was facilitated.

People's views, beliefs and values were respected. For example, one person told us that they belonged to a minority group and that staff supported them to embrace this. They told us how important this was to them. We found that the person was encouraged and supported to identify and attend events and gatherings that were a considerable distance away that reflected their identity. Staff told us how the person had considered moving to another service that was in a different area that reflected their cultural identity more and had been supported to look at the options that were available to them. The person decided to continue to live at the service as no other service had been able to find a way to support them safely. We saw that people were encouraged to attend the local church if they wished to do so. Records we saw considered people's culture and beliefs and ways to support people to meet these.

People were encouraged to go on holidays to places of their own choice. One person told us that they had been to a caravan park last year and were looking forward to their holiday this year. The staff told us that some people had requested something different in 2015 as they found a holiday to be difficult. We saw that it had been agreed through residents meetings that some people wanted to try an activity week where they participated in different fun activities each day for a whole week as a change to their rehabilitation plans. We saw that people had been fully involved and picked the activities and what they wanted to do. There were pictures from the week displayed in the service. Staff told us, "It is up to the residents if they want to do this again."

People were encouraged and supported to develop and maintain relationships with people who mattered to them. One person said, "My family can come whenever." Another person told us that they went to see their friends from university. Records we saw confirmed that this had happened. Staff told us that they helped people to visit their families and friends and to maintain contact with the people who were important to them. We saw that people were supported to maintain regular contact with their family. A relative told us that staff had supported their relative to a funeral. They said, "They were just in the background to support [person's name] They weren't intrusive in anyway and didn't stand out." Staff told us how one person was supported to go home each week to see their parent and their dog. They told us how important this was to the person, and this had been facilitated as their parent was no longer able to travel to visit them. The registered manager told us that people were supported to attend family gatherings and

celebrations including weddings, christenings and funerals. We saw that one person had been supported to maintain contact with their family and friends through the use of the internet. This had presented risks however the staff had supported the person to agree what they would use the internet for safely. This meant that the person could maintain contact with the people who mattered to them.

Staff told us that shift patterns had changed recently. One staff member told us, "We moved to twelve hour shifts to cover all day. This means that we can fit more in with the residents. People get more time and it is more relaxed. It is much better for people." The registered manager told us that they had identified that the change in shift patterns would enable people to have more continuity with their care throughout the day and increase interaction with the residents. We saw that staff had been consulted about this change and that they were positive about the effects this change made.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. There were procedures for making compliments and complaints about the service. We saw numerous compliments had been received from people who used the service, relatives and staff. Any complaints were logged and responded to promptly. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide.

Outstanding ☆

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. One person told us, "I am happy to be here." Another person told us, "I have lived here for ages. I love it." Relatives told us that they were impressed with the efficient running of the service. A relative told us, "It is exceptional." A visiting health professional told us, "I rate them very highly. This is where I want to come if I ever had an acquired brain injury."

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. Staff consistently spoke highly of the registered manager. One staff member told us, "I am 100% supported by the manager. I couldn't do this job without that." Another staff member told us, "I have a lot of respect for the senior managers." One staff member told us, "I cannot believe how good Kingly Care Partnership is. It is due to the management. They know everyone and have time for people who live here and the staff." 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 neurological 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, visitors and people who lived at the service were comfortable speaking with them. This helped to promote a positive and open culture to keep people safe.

We saw that the home was a finalist in the Health Investor Awards in the complex care category for three years running. The complex care provider of the year award is for an organisation that has shown excellence within care that is focused on patients with multiple needs. 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. The registered manager told us that all members had to keep up with evidence based practice and submit case studies for review. The registered manager attended a specialist forum in Nottingham which shared and prompted good practices locally. The deputy homes manager had been enrolled on a level 5 management course to develop their skills and knowledge. The training manager had attended a roadshow for assessors to consider the Care Certificate and how this was being used in services.

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 the service itself. 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 which contributed to the auditing of the service in an effective manner. We saw that systems had been designed and implemented to ensure that information was accessible and relevant. This included a body map that was used where someone had creams applied. The map was colour co-ordinated to accurately show staff where to put each cream. This meant that staff had access to a visual guide telling them what to use and where. We also saw that a system had been designed to record information around capacity, where someone had a

DoLS and that the measures in place were the least restrictive option. The registered manager told us that in order to accurately reflect people's medicines history they had developed a tracking system that showed all medicines people had been on, why they had been prescribed and reasons for any changes to the medicine. We saw that this recorded information for up to ten years. This meant that the key information about a person's medication history was readily available when needed as part of reviews or when changes to medicines were considered.

The service worked in partnership with key organisations to support care provision and to develop practice including local universities and schools. For example one of the occupational therapists had a role as a link worker with the local university for Masters students. The registered manager told us that they had been asked to provide training to a local school to help the pupils and teachers develop an understanding of brain injuries and the impact this can have. This had been requested as one person had a young child who had struggled to understand what had happened to their parent. Community professionals who had involvement with the service confirmed communication was good. One health professional said, "They always keep me informed with what is happening."

We found the registered manager was open to ideas and new ways of working to improve the quality of people's care. They had made the best of talents and skills staff had, such as artistic and creative tendencies. Staff told us that they could approach the registered manager with suggestions they had. One staff member told us, "Communication between the staff and management happens all the time. It is very good. It means people get exactly what they want. If they want something to change with their support it is changed."

Staff were supported through regular supervision and received appropriate training to meet the needs of the people they care for. Staff were positive about the support that they received. One staff member told us, "I really like working here. Everything is so professional." Another staff member told us, "It is like being part of a family. We receive formal feedback. If anything needs discussing we talk about it as a team." Staff told us that they felt valued. One staff member told us, "I have worked in other places but this is the best. The managers know what they are doing, and I feel that we are making a difference." Another staff member told us, "I love working here, It is absolutely wonderful. People are happy living here." Staff were offered the chance to undertake nationally recognised courses to improve how they worked. 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 improve the quality of people's care.

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, to identify new developments. 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. These initiatives were innovative and not yet widely used in care services. For example, one person had been involved in a trial for a restrictive suit that was designed to develop how their body responded to internal messages and develop their control over their own movement. We saw that where people had communication difficulties people had been assessed to consider different communication methods such as speech boards or computer tablets to enable them to communicate more effectively. The registered manager told us how new developments in medicines had been used and that these had been agreed under a shared care agreement. They told us that they had supported people to find ways to fund these developments as they were not available through traditional funding methods.

New systems and initiatives were monitored and evaluated by the staff team for usefulness. This helped the person, the staff team and key people who were involved to reflect on and learn from methods that had worked and those that had not worked. The registered provider endeavoured to maintain and improve people's quality of life and wellbeing.

To ensure people knew what to expect from the service they were given information 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 fitted people, making sure that people felt valued as individuals, and promoting a positive culture. Staff understood and were able to tell us about the values. One staff member told us, "The values are all about dignity, autonomy and respect. We promote them and are advocates for these values. I wouldn't have it any other way. 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.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

The provider regularly monitored the quality of care at the service. 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 where there were areas of improvement. This meant that the service had processes in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

Staff were open about reporting any mistakes that had occurred. We saw that these were dealt with constructively, to look at what had happened and to prevent recurrence. 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. One staff member told us, "I can always go to the office. It is very accessible. The lines of communication are good." 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 good communication systems at the service. Resident's meetings were held regularly. We saw that most people attended the meeting and where people did not the minutes were made available to them. These provided an opportunity for communication between people who used the service and staff about concerns or improvements that were being made. We saw that actions had been agreed and people had been identified to take the lead to make sure that things that were agreed at the meetings were implemented or followed up.

We found that people had been asked for their opinion on the service that had been provided. A survey had been sent out to people who used the survey, relatives and friends in March 2015. The outcomes from this had been sent to everyone in the form of a letter so that people knew what had happened with their feedback. We saw that the results were positive from this survey. One person had said, 'Kingly Lodge is a home away from home.' Following feedback from a previous questionnaire a comments post box had been put up outside the senior managers' office. This encouraged people to make comments when they wanted to and share their opinions informally. These were then reviewed by a member of the senior management team. We saw that as part of each key worker meeting and review meeting people were asked for their views of the service, this included people's views on their care, the staff, the premises and their daily living

experience. This meant that people were being given opportunities to discuss their experience of the service with staff and managers on a regular basis.

The registered manager and the management had signed up to and used recognised accredited schemes such as NEBOSH, which is the National Examination Board in Occupational Safety and Health, and Skills for Care. We found that the registered manager was a member of EMABIF which is a forum of representatives of services for people with acquired brain injuries. This group seeks 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. We saw that staff had completed training that enabled them to carry out training and certify other staff. One staff member had completed accredited training in Moving and Handling and another staff member had been accredited to carry out first aid training internally and externally.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.