

Home Group Limited

# Stonham Kingston House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Stonham Kingston House was inspected on 4 July 2018 and was announced. We gave the service 48 hours' notice of the inspection as this was a small service and we wanted to ensure management and staff were available to speak with us.

Stonham Kingston House is a domiciliary care agency. It provides personal care to a maximum of 6 people, who live in their own flats. It provides a service to people who may be living with a learning disability, mental health conditions or a drug or alcohol problem. Some people share their flats with another tenant. The property is split into three flats, a resource room, a bedroom for sleep in staff and an office. The flats comprised of two bedrooms and people shared a shower room, toilet, lounge/kitchen/dining area and hallway. At the time of the inspection, five people were receiving support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Stonham Kingston House was last inspected on 6 January 2016. The overall rating for the service was good. This inspection has found the service has improved its rating from good to outstanding.

There was a registered manager in place at the time of our inspection. 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.

The caring and inclusive culture at the service was outstanding. Without exception, people spoke very highly of the staff; they developed honest and genuine caring relationships with people using the service. Staff recognised people as individuals and went the extra mile to welcome and include them in the service. Staff considered all aspects of people's lives and not just the care and support they required. The service had a fantastic approach to equality, diversity and human rights whilst supporting people to identify and address discrimination.

People were supported to achieve their goals, through excellent person-centred care. Positive risk taking was encouraged throughout the service, balancing the potential benefits and risks of choosing particular actions over others; allowing people to reach their full potential through greater independence. Innovation and creativity was used in meeting people's needs and staff used happiness as a preventative strategy to crisis. Strong community inclusion enabled people to live fulfilled and meaningful lives, through accessing a wide variety of local activities, education and volunteering opportunities.

The service was exceptionally well-led by a registered manager who led by example and had embedded an

open and honest culture. Staff were committed to working at the service as the management team valued and invested in them. Quality assurance systems were robust and used regularly by the registered manager and the provider. They shared best practice and strove to continually improve the service. The provider created opportunities for people to monitor and inspect the service; developing the service in the way that mattered to the people who used it. Improvements were driven by engagement with people using the service and staff; their views were valued and drove positive changes within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's choices and decisions were respected. Staff sought consent and followed the Mental Capacity Act 2005 when people were unable to make an informed decision. People's hydration and dietary needs were met by staff who had received relevant training. Staff had regular supervision, that was thorough and had appraisals completed. Information was available to people in their preferred format and in a way they could understand.

People's safety was maintained as staff had good knowledge how to safeguard people. There was appropriate staffing levels and people were supported by staff who had required skills and knowledge. People had appropriate support, ensuring their care needs were met. Medicines were managed safely and the provider maintained a comfortable and safe environment. Recruitment processes were robust and included people who used the service. The service invested in staff development and promoted progression. Supervision and appraisals were used to maintain staff well-being and high standards of care.

Further information is in the detailed findings below.

## 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.

Staff had the skills and knowledge to safeguard people from the risk of harm and abuse. They had completed relevant training and knew how to report concerns.

The service facilitated positive risk taking in a safe way. People received their medicines as prescribed.

Staff were recruited safely and there were sufficient numbers of staff who had the skills to meet people's needs.

### Is the service effective?

Good 

The service was effective.

People's choices and rights were respected. Consent was sought and staff worked within the Mental Capacity Act 2005.

Staff had a wide variety of skills to meet people's nutritional, cultural and religious needs. They received on-going training and development to enable them to deliver effective care and support.

The service was accommodating and welcoming to people transitioning to the service. People's health care needs were met by support from staff to access health care services.

### Is the service caring?

Outstanding 

The service was extremely caring.

People who used the service and their relatives consistently said staff were very inclusive, caring and treated people with respect and dignity. Very positive, trusting relationships were formed and valued by people who used the service and staff.

The service had an outstanding approach to equality, diversity and human rights. People who used the service were supported to gain skills to identify and challenge discrimination.

Creative communication tools and technology was used to achieve positive outcomes for people.

### **Is the service responsive?**

The service was incredibly responsive.

A vast range of highly positive outcomes for people was achieved as the service supported them to reach their potential.

People were at the heart of care planning and creative tools were used to support people in positive ways. Care and support was tailored to each individual and they were encouraged to pursue their hobbies, interests and education.

Strong links were established with local communities and organisations. As a result, people who used the service were valued members of the local community.

Complaints were listened to and addressed and drove positive learning and development within the service.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

The registered manager led by example and operated an open and honest culture; they had embedded positive values throughout the service. People who used the service, relatives and staff all found the management approachable and had confidence in their leadership.

People who used the service were actively encouraged to change the service in ways that mattered to them.

Staff were supported to maintain their wellbeing and were invested in by the service. They felt valued and were highly motivated working as part of a team.

Governance and audit systems were excellent and maintained the delivery of high-quality care and support through identifying and rectifying shortfalls.

**Outstanding** 

# Stonham Kingston House

## Detailed findings

### Background to this inspection

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

This inspection took place on 4 July 2018 and was announced. We gave the service 48 hours' notice of the inspection, as this was a small service and we wanted to ensure management and staff were available to speak with us.

The inspection was completed by two adult social care inspectors. We contacted the local authority safeguarding and commissioning teams for feedback prior to the inspection and used this to aid our planning.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

During the inspection, we spoke with three people who used the service, one relative, the registered manager, operations manager and three support workers. After the inspection site visit, we also spoke with one person who used the service, a relative, a senior staff member, two healthcare professionals and one other professional.

During the inspection, we looked at three care plans and the medication administration records of two people. We looked at the recruitment records of three staff, staff training records and minutes of meetings with people who used the service and staff. We looked at a selection of documentation that related to the running of the service; these included quality monitoring audits, policies and procedures, complaints and

environment safety certificates. The registered manager had compiled a file with a variety of relevant evidence. This included surveys, feedback from professionals, samples of care plans and reviews and newsletters. We reviewed this as part of the inspection.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. Comments included, "I feel very safe here", "I've never had a reason to feel unsafe" and "Yes, I feel safe here."

The service promoted people's safety through support from staff and personal development. The Home Achievement Programme (HAP) was an accredited learning programme, created by the provider. The HAP covered a wide variety of topics and enabled people to attain qualifications by completing modules that would benefit them. One person had been supported to complete the safeguarding module of the HAP and commented, "I have found this to be a great source of learning for me. I learn about how I can keep myself safe. I am also more aware of different types of abuse and exploitation." Stonham Kingston House also provided regular opportunities for people to develop their knowledge around safeguarding. This learning included discussions of real-life examples that people could relate to.

People were safe from the potential risk of harm and abuse. Staff had a good knowledge of safeguarding and reporting procedures. The service maintained a close working relationship with the local agencies and displayed a photo and contact details of the local Police Community Support Officer (PCSO) which people could easily access.

A positive and proactive approach was adopted to support people who demonstrated behaviours that may challenge the service or others. During the inspection, there was an incident and staff dealt with this effectively, involving the local safeguarding and commissioning teams to ensure people's safety was protected.

The service sought to understand people when they displayed behaviours that challenged. The registered manager told us, "It's all about knowing people and using happiness to build a preventative approach to crisis." They assessed specific behaviours and considered what people meant. They described, how they supported someone who previously displayed behaviours that challenged, to meet their sensory needs. The registered manager supported the person to complete a happiness map and implemented effective strategies. A bubble gun was purchased for them, so they could make large shapes and bubbles. This provided the sensory happiness the person was seeking and therefore the behaviours that challenged stopped. Communication and positive behaviour passports recorded useful strategies for people; confirming staff had fantastic knowledge how to support people. Communication records evidenced staff followed the plans; reducing stress and anxiety for people. The plans were successful as there was a reduction of incidents for people.

Staff supported people so risks to their safety and well-being were reduced. Staff identified specific areas that may cause a person harm. They had completed risk assessments and made plans to maintain the person's safety and well-being. One example identified that someone was at risk of choking due to eating too fast. They had managed this risk by encouraging the person to eat more slowly and having supervision at meal times.



The registered manager had signed up to an NHS project to stop the over use of psychotropic medicines (STOMP). This meant that people who were prescribed specific medications, had regular support, to check if their medications continued to be effective or were no longer required. The registered manager ensured people had the right support; reducing the risk of people being over medicated.

People received their medicines as prescribed. A relative told us, "[Name's] medication is managed very well with appropriate monitoring, and if necessary they will be accompanied to the doctors if they have any medical complaints or need the medications altering." Medicines were securely maintained and staff completed relevant training and had their skills in administering medicines assessed. This helped to ensure they were competent in following medicines procedures safely. Effective care plans were in place for the administering of medication. These were written with people and goals were set and reviewed as part of the care plan. Information was recorded in a way people could understand, which meant that people had choice and control over their medicines.

Recruitment processes were safe and records showed staff employed had all the appropriate checks in place to ensure they were suitable to work with vulnerable people.

People who used the service were actively included in recruitment processes. One person told us they had been involved in staff recruitment for agency and permanent staff. They said, "It's important for me to see the agency staff before managers say they can do hours, because I want them to get to know me and I want to know what kind of things they are prepared to do." They also told us, "I would be listened to if I didn't like someone." This put people in control of who provided their support.

Staff told us the staffing arrangements were good and said, "Staffing is well managed" and "Yes, there's enough staff." The registered manager used a tool to calculate staffing levels. These were reviewed every three months to ensure sufficient staffing was consistently maintained. Staff shortages were covered by existing staff where possible. However, if staff were unable to cover then a preferred agency was used. Only agency staff who had been interviewed by people who used the service were requested to provide support. These actions ensured continuity of care for people who used the service.

The provider ensured the environment was safe for people and appropriate safety checks of the building and equipment had been completed. To maintain the safety of one person with hearing loss, they were provided with a vibrating smoke alarm for under their pillow; the flashing lights helped alert them if there was a fire.

## Is the service effective?

### Our findings

Staff demonstrated good knowledge of consent and showed respect for people's choices. A family member commented, "[Name of person] has been encouraged to make choices and to develop their independence." A healthcare professional told us, "The staff approach was one of lowest levels of restriction and they were keen to promote choice for the person I worked with. In particular, their application of the principles of the MCA were appropriate; for example, the person often chose to make unwise decisions, however the staff had supportive plans in place if they needed help but would not obstruct them in any way."

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 MCA 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.

Staff displayed a thorough knowledge of the MCA principles. Where people did not have capacity to make a decision, the service followed the MCA when making decisions in people's best interests. They were included in the decision as far as possible, the least restrictive option was chosen and relevant family and professionals were included.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. The registered manager had consulted with the local authority MCA lead for a person who had recently moved to the service. They were in the process of completing an application to deprive this person of their liberty.

Staff supported people to eat a healthy, balanced diet. One person followed a cultural diet and staff demonstrated an excellent understanding of what this meant for the person. They were knowledgeable about what the person could and could not eat. This included what types of sweets the person could eat, what types of food they liked and which shops to purchase them from. In preparation for their arrival, the service purchased new cutlery, plates and pans to avoid cross contamination. Robust training was provided to staff, which ensured they had the skills required to meet the person's dietary requirements.

People commented, "I like it when staff support me to make healthy meals" and "I don't like having meals. I like having convenience food but over the next three months I will work on cooking one new dish every week and see if I like it." People were supported to access local weight loss groups and actions plans were developed to help people achieve their weight loss goals. Staff had compiled a recipe book of healthy and cost-effective meals, which helped people to achieve a balanced diet whilst staying within their budget.

People's health needs were met. Staff completed detailed health passports about the care and support people required. If people needed to go to hospital, they took the health passport with them, which helped inform healthcare professionals of their needs. People had access to and timely support from local health

services. People who used the service had their own GP and were supported to access annual health checks.

The service was accommodating to people during transition from other services. To facilitate a smooth transition people were able to visit the service and go out with staff before moving into their accommodation. This allowed people to meet other people who used the service and staff, which helped to build relationships. We saw additional care support was requested by senior managers and provided by staff to support people when they first moved in. This was reduced as people became more settled.

The service fostered good working relationships with other professionals. Healthcare professionals spoke positively about the working practices within the service, their comments included, "The culture of the staff team was very open and they showed a willingness to engage" and "Staff were proactive with following my advice and recommendations." Positive relationships with other professionals reinforced an efficient transition from other services for people.

Staff employed were skilled, trained and knowledgeable. Throughout our inspection, we observed staff confidently meeting people's needs. We saw evidence of in-depth training for staff around different cultures, cultural histories and the positive outcomes this achieved. On employment, staff completed 'My Brilliant Beginning' a comprehensive training tool, which comprised of e-learning, journal assessment and observed assessment. Staff praised the training and development programme and one member of staff said, "I had a number of weeks before I had contact with people using the service; there was a lot of training. All the training was really good." Staff reflected on training in supervision sessions. We saw staff had regular supervision, which were linked to objectives for each member of staff. During appraisals staff received praise for progress made and set aims for the future, which promoted progression and maintained high standards.

## Is the service caring?

### Our findings

Without exception, people and their relatives wanted to tell us about the inclusive family atmosphere and very caring support they received from staff. People who used the service told us, "I am very, very happy" and "This is the first stable home I've had." Other people commented, "The best thing that's ever happened to me is being here at Stonham Kingston House" and "If you're having a bad day they give 100%. Just one big happy family and I love it here and wouldn't change anything. It has changed my life massively."

A relative told us "[Name of person] has benefitted enormously from the service provided by Stonham Kingston House. [Name's] communication skills with strangers has vastly improved along with their confidence in unfamiliar circumstances. They have learned, with staffs help, to live to a large extent, independently."

The service had received positive comments from other relatives who said, "I am very happy with the care [Name of person] receives" and "They help [Name of person] with everyday things as well as helping them to become more independent."

An external professional said, "Through working with Stonham Kingston House, I have seen how the right support can transform lives." They described the service as, "A home from home."

Staff went out of their way to make people feel welcome. During the inspection, we saw a fantastic welcome for someone who had recently moved to the service. This consisted of a welcome board with their name, photo and culturally relevant photos. Their room had been personalised with pictures of their favourite singer and a canvas of religious significance, which they were keen to show us during the inspection. In preparation, the staff had researched the person's culture and faith. They engaged other people who used the service in this activity, which promoted a welcoming and inclusive atmosphere.

The service developed innovative ways to meet people's faith and cultural needs. We saw one person was supported to access specific shops and services, which immersed them in their culture. This meant they could have conversations in their first language. Staff had used an interpreter when exploring the person's religion to ensure they could access religious facilities specific to their faith. These activities demonstrated the service had a high level of respect and understanding of the benefits for people and their cultural history.

The service demonstrated an exceptional approach to equality, diversity and human rights. Diversity was considered a positive attribute for people who used the service and staff. Staff said, "It's a very diverse team, a really diverse mix and that really adds to the different values" and "The service is integrated; we are a good blend."

People and their families participated in a range of project work for protected characteristics such as age, disability, gender and sexual orientation. During this work, some people disclosed they had experienced hate crimes and discrimination in the past due to their disabilities and sexual orientation. The service

supported people to talk about their experiences in a safe environment. Work was completed on diversity and recognising protected characteristics. One person said, "I have some protected characteristics and by talking about this with other people who use the service and staff it helped me to understand, that we all should be able to live in society, without being treated differently or bullied because we seem different to other people." Safeguarding and self-esteem work enabled people to develop confidence, self-respect and gave people the skills to identify discrimination. One person told us, "I am learning more about protecting myself at Stonham Kingston House and I feel a lot stronger than I used to do."

Staff developed excellent relationships with people and their families and were genuinely caring and compassionate. During the inspection, staff commented, "Because it's small you get to know people a lot more. I've cried with them and laughed with them" and "I really enjoy the reviews as people can see the improvements they have made; it's very rewarding." A healthcare professional told us, "I felt that the person was supported well by their lead staff member. The relationship between the person and staff was positive." Relationships were based on an open and honest rapport. We saw a very positive bond between a new person and their lead staff member, which had developed in a very short space of time. We saw people were happy and comfortable around staff as they were smiling, laughing and engaged in discussions with the staff team. Some people who used the service had difficulty forming trusting relationships due to previous experiences. We observed staff were sensitive to these needs and dedicated time and effort to building trusting and effective relationships.

Staff were particularly sensitive to times when people needed more caring and compassionate support. Care planning of family history and ongoing relationships was written in a very sensitive and respectful manner and used appropriate language. Staff had a good knowledge of things that upset people and appropriate strategies were put in place. One example was a risk assessment for safety, as the person did not like lots of noise, which was identified during their initial assessment. Detailed strategies were in place to manage this risk including the consideration for flat sharing and mixing with more exuberant personalities in the service. Communication records evidenced care was delivered in line with care plans and risk assessments.

The service utilised creative communication tools. These included, signs, drawings, pictures, photos, body language and verbal communications. They were adapted for each person, which enabled people to communicate effectively and by their preferred method. During the inspection, we saw evidence of creative communication tools being used when staff were talking with people who used the service; these were also used to help people communicate and participate in their care planning. One person's file showed staff had been supporting them to learn English and they had worked together to draw and name the fruit the person liked. We saw people were supported to communicate with their family and friends via their mobile devices through calls, texts and 'facetime' (video communication).

The service promoted the use of new technology in the form of a health app (software application). The health app allowed people to record information about their health needs on their phones or tablet computers. One person told us, "I have health problems, but don't like always having to write, even though I want to have my say." The person used the app to communicate their health needs through photos, videos, speech and text. This was beneficial as they said, "It makes me feel more secure. I can use it when I am out and about without having to rely on staff to tell others my views." The health app had promoted positive health outcomes for people through effective communication. The service also supported a person to use the alarm function on their phone as a reminder to attend to their personal hygiene needs independently.

The service had excellent arrangements in place and actively supported young adults when they transitioned from children's services. Staff fostered and built effective relationships, by joint working with

relevant agencies, generating person-centred transition plans and supporting people to choose their décor and furnishings for their flat. They had a thorough understanding of the needs of young adults and recognised that they were unique. The service implemented support appropriate for the person's needs and age range which helped people maintain important relationships. For example, one person had been supported to purchase a bunkbed so their sibling could stay over. Stonham Kingston House fully recognised the benefits of family involvement. On a survey one relative wrote, "Staff and management are always eager to communicate and work together to support [Name]. Always willing to try new strategies and take on board [Name's] needs and opinions." One healthcare professional commented, "For [Name], there has been a huge positive outcome here due to the creative relationship building during their transition."

People's preferences were treated with importance. The service respected and implemented people's decisions about who provided their support. People who used the service told us they chose which staff provided their support and could change their minds. We saw evidence of this in two people's reviews. One person had written, "When I spoke with the manager about this, she asked me who I would like as my lead. I am also happy that when I discussed this with the manager, it wasn't seen as a problem." The second person wrote, "Managers are currently arranging for her [member of staff] to be my new lead, which makes me happy."

People were treated with dignity and respect and were listened to. Throughout the inspection, we saw people were respected by staff and treated with kindness. We observed staff treating people affectionately; they recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner. They chose words and used signs and gestures, that people understood; the staff took time to listen and respond to them. Staff respected people's private space and their homes. A person told us, "Staff always knock on the door." Staff talked about changing their approach to engage positively with people and meet their individual needs. A professional told us the service respected people's wishes and privacy, but worked with people in a way that helped to keep them safe.

The service recognised the need for and supported people to access advocates. They ensured people were offered advocates and had good knowledge of local advocacy services. The registered manager explained what took place during the initial assessment for a person. They said, "They were supported by an independent advocate to ensure their voice was heard when making the very important decision of choosing where to live and choosing which service to receive support from."

Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We found information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

## Is the service responsive?

### Our findings

The service was very responsive and focussed on enabling people to achieve their potential; they had very positive results. People told us, "I feel I have improved greatly in many areas" and "I have developed enough confidence and living skills to move on." Another person told us how they planned to move out of the service, but felt welcome to come back if they needed to. Relatives told us, "[Name] has grown up a bit and is more responsible" and "I am extremely happy with how [Name] is progressing at Stonham Kingston House." Staff said, "It's very rewarding seeing people achieve things that they never thought they could accomplish."

People who used the service were supported to be in control of their own lives. People set goals to improve their independence by developing skills and knowledge. Goals were varied and some examples included personal hygiene, education, safety, cooking, volunteering and driving lessons. Progress was measured every three months using an outcome star to score their achievement. One person said, "I like having a goal in the form of a score because then I can see how far I am getting." People were supported to plan for new goals once they had been accomplished. As a result of goal setting, one person had written in their review, "My life is moving forward in the way I want rather than how others want."

People who used the service were at the heart of care planning. The 'client hand print' was a strategy that engaged people with care planning so that care plans accurately reflected the person they were compiled about. The client hand print ensured a very person-centred approach. People told us they had been fully involved in writing and reviewing their care plans. A healthcare professional told us, "The person I worked with, was supported in an individualised way and was included in care planning." Staff, demonstrated good knowledge of the client hand print philosophy. They told us, "It's always about people's choice" and "When people have reviews they decide who to invite, what to discuss, what to put in their care plans and what to take out." Care plans evidenced high levels of involvement from people who used the service.

People were supported to increase their independence, whilst maintaining their safety and respecting their choices. The service encouraged positive risk taking to achieve this. One person said, "They let me go to the shop by myself and Holderness Road. I'd like to go into town, so I'm working on that." A healthcare professional stated, "Stonham Kingston House had a positive outlook in terms of taking risks, and any restrictions that were discussed were done so after everything else had been tried." An external professional also told us people had all options explained to them, which allowed them to make informed choices. We saw evidence in care plans of positive risk taking when self-medicating with over the counter medications, supporting with relationships and travelling in the community. One person's care records reflected, the benefits of their independence when travelling and acknowledged the increase in risk. Staff were confident in promoting positive risks and ensured they were monitored and reviewed.

Staff actively encouraged community inclusion and demonstrated excellent knowledge of people's social and cultural needs. They developed imaginative activities that promoted and enhanced people's cultural wellbeing. People who used the service were supported to take lead roles within the local community. One person was asked to give a reading during a service at a local Church. They initially lacked confidence and



shared the first reading with staff. Due to this initial support they received, they were independent with further readings they were invited to give. Another person was supported to shop in areas where there were people of the same ethnicity. This allowed them to be immersed in a culture they were familiar with and comfortable in. An external professional had completed a feedback form and wrote, "I have observed how staff support has enabled young people with learning disabilities to become important members of the local community."

People were supported to engage with opportunities that interested them so they could live a life as full as possible. People had written in their care plans, "I'm out most of the week doing new activities and volunteering within the community", "I like to wake up in the morning and have a purpose for the day" and "I have a placement lined up as a befriender in a local residential home." An external professional told us, "People are really happy and staff are always doing activities with them." We saw evidence of people accessing a wide variety of educational courses, and volunteering in their local community. Volunteering opportunities ranged from local coffee mornings, assisting at a local farm and shop to events which were part of Hull City of Culture 2017. People were also supported to pursue a wide variety of interests. A small sample included cooking, baking, photography, model building, craft classes, accessing the gym and specific classes such as boxing. People were supported to access driving lessons and prepare for theory tests. These activities enabled people to feel empowered. One person commented, "I now feel like a more valued member of the community because of what I am giving back."

Staff recognised and celebrated people's achievements. Staff nominated people for the Home Group Limited's 'Customer and Volunteer Awards 2018'. This was an award ceremony created by the provider to acknowledge people's hard work in achieving their goals. A member of staff told us "[Name] has come on in leaps and bounds through being more reflective of their own behaviours, volunteering in the community and accessing classes." They also said of another person, "[Name] never had any money. I slowly built up their confidence and supported them to think how much they were spending on certain items and how much they would have left. They're now much more independent with this and always have money in the bank."

People who used the service were assisted to access a wide variety of courses to develop skills and qualifications. During a review one person said, "I have registered with the open university to do a number of modules. I am now able to embark on learning that carries accreditation in a way that doesn't stress me." Other training for people who used the service included English, Maths, First aid and Food Hygiene.

People had access to accredited learning through the service. The Home Achievement Programme (HAP), had an extensive number of modules that fitted into four key areas of Health and Wellbeing, Employability, Promoting Independence and Social Responsibility. The HAP enabled people to develop self-worth and self-respect whilst delivering key knowledge. The service had its own HAP ambassador. They worked on the HAP at a national level and was very passionate about the programme. The ambassador had suggested changes to make the modules more user friendly and these were being implemented nationally throughout the providers other locations.

The service played a key role in the local community and worked on developing strong links. External professionals had left the service positive comments which included, "Stonham Kingston House is a contributing factor in integrating the local community" and "It's very encouraging to see how people who use the service have integrated themselves into the local community." The registered manager informed us that a community consultation was completed as they planned to build new flats on the existing site. People who used the service were part of the planning process and delivered the proposal to the local community. They achieved a positive outcome and gained community support for the new flats.



The service considered the support people may need at the end of their life and created a care plan called 'Planning for the Future'. The care plan was comprehensive and considered a wide variety of important factors from people's preferred name, religion, who was important to them, where and how they would like to be cared for, making a will and funeral arrangements. The care plan meant people could receive end of life support in the way they wanted. At the time of the inspection, no one had completed this care plan as they did not want to, however they understood they could complete it at any time.

Information was delivered in a way that people could understand. The service produced information in line with the Accessible Information Standards (AIS). The service evidenced they understood the AIS values through a wide variety of communications. Care plans, medication information, letters, training and service updates, conformed to the AIS.

People were able to express their concerns and had access to a robust, effective complaints procedure and had their rights protected. The service's complaints procedure was freely available and on display; it clearly outlined the process and timescales for dealing with complaints. The registered manager told us she always investigated complaints thoroughly no matter how minor, and then responded to complainants in writing. This was confirmed when we looked at the complaint records. The registered manager told us she welcomed complaints and suggestions, used these positively and learned from them.

## Is the service well-led?

### Our findings

The service was exceptionally well-led. Relatives, staff and external professionals were consistently positive and complimentary about the registered manager and the running of the service. A family member told us, "[Name of registered manager] communicates really well with me and we work well together." Staff said, "They lead by example" and "The leadership is very good and [Name of registered manager] is an excellent role model." A healthcare professional commented, "I always get on with [Name of registered manager], they're to the point, doesn't give up and will go the extra mile."

The registered manager was extremely passionate about their role. Since being in post they had applied their vision and values throughout the service, which had created a very caring and inclusive culture for people and staff. They used their knowledge to develop staff awareness of other cultures, which had helped create the fantastic welcome for someone who had recently started using the service. The registered manager recognised the value of praise and worked in a way that made staff feel appreciated. Members of staff commented, "I feel valued by [Name of registered manager]; they make time for us", "[Name of registered manager] takes time to mentor me and is investing in me" and "The management notice when we do a good job and say, 'well done.'" As a result, staff were committed to working at the service.

The provider was compassionate towards staff, supported their wellbeing and invested in them. Staff said, "We're totally supported by management with work or personal problems", "All the management team are supportive and always available" and "We are supported to be open in asking for support." Staff informed us that when they had experienced personal problems, the registered manager had reduced their workload to help maintain their wellbeing. The provider offered staff wellbeing services such as counselling sessions and legal advice. There was a wide variety of training, promoted progression and secondment opportunities so staff could progress with their careers. The provider recognised that looking after staff meant they could provide better support for people who used the service.

The provider had excellent core values that were reflected throughout the service, in staff approach, and in their delivery of care. The provider had four values; accountable, commercial, caring and energised. They were introduced during the induction process and were understood, practiced and embedded throughout the service. Staff had excellent knowledge of what the values meant and told us, "They're not only for people who use the service but colleagues too." Staff were energised and told us they felt very motivated working for Stonham Kingston House. Staff promoted a caring culture and sent each other motivational emails; maintaining staff wellbeing and a supportive team atmosphere.

There was a fabulous open and honest culture. The registered manager said, "I encourage transparency by being absolutely transparent myself." We saw an excellent example of this. On one occasion a person was not supported with their medication. The registered manager had written a letter to this person apologising for the error and detailed what had been done to maintain their immediate safety, their safety going forward and how to raise the issue as a complaint. The letter was personalised for this person and communicated information in a way that they could understand. We also saw this error was followed up with the member of staff in supervision, a reflection log, medication competency check and was included as part of their

performance improvement plan. This was in line with their four values.

The registered manager promoted accountability for all staff. When staff identified problems, they became part of the 'problem-solving group'. This allowed staff ownership of the problem and generated improvements through their suggestions. The registered manager followed this process after they had received a complaint regarding tenancy issues when people moved in or out of the service. They had reflected and created the Kingston House Tenancy Association. This allowed greater inclusion for people who used the service and promoted real choice. Solutions were implemented and reviewed to see if they were effective and were part of a continuous learning cycle.

The registered manager was thoughtful, had good ideas and created innovative tools to improve the service. Home Group (the provider) delivered person-centred care planning training to staff at Stonham Kingston House and the registered manager saw an opportunity to improve this. Their aim was for care plans to fully reflect people and their personalities, not just their care needs. This was called the 'client hand print'. The service co-authored care plans with people in the way that worked for them. This working practice meant that people stayed engaged for longer. People who used the service controlled what information to include and how to display it. Care plans and reviews evidenced excellent application of the client hand print and showed it had become an established way of working. Due to the success in achieving their aim, the provider had included this resource in their training delivery to other services which demonstrated they were committed to sharing best practice with others.

Continuous improvement was a priority for the registered manager and staff team and they promoted this through collaborative working with other organisations. The registered manager was clinically supported by the New Models of Care Team, which shared learning and ensured best practice in line with current guidance across all of the providers services. They also contributed to working groups to improve the initial assessment process and develop new tools for responding to clinical issues that may arise. They had strong connections with The British Institute of Learning Disabilities [BILD] who had supported the organisation in the development of Positive Behavioural Support [PBS] tools. The service had established links with universities and was involved in research projects for nutrition and hydration, falls and the use of technology.

People who used the service were integral to improving services. The provider had created 'Client Assessment Services' which trained people who used the service to become assessors and auditors of the providers other locations. They assessed services against the providers promise to people who used the service. The promise covered a variety of areas such as a safe home, values, caring, choice and reliability. One person had recently inspected and provided a rating for another location in Newcastle; where they travelled to and stayed overnight. They said, "I find it interesting to go to other services and seeing the difference to Stonham Kingston House and getting another perspective on standards." The provider used feedback to drive services forward in the way that mattered to people who used them. Stonham Kingston House was inspected by an assessor and was awarded the Gold Standard which was the highest award.

The provider used 'Client Involvement Tasks' to include people who used the service. One person told us, "The involvement team invited me to take part in some interviews. It was for a very important role. It was for Head of Service Delivery." They explained as a result of their involvement and feedback, the person who they had scored the highest was successful in getting the post. This showed the provider listened to and valued the opinions of people who used the service.

People who used the service were also encouraged to improve the service through reviewing policies and questionnaires. This approach allowed people to make suggestions and see positive changes as a direct

result of their comments.

Staff were encouraged to develop the service through taking on champion roles for diversity, dignity, health and safety, and the Home Achievement Programme (HAP).

The provider set high standards for their staff and rewarded them for achieving this. One senior member of staff said, "We have high standards for all our staff, we are working with very vulnerable people and expect a lot from our staff team." Performance management processes were in place to help staff achieve these standards. These included regular supervision, midpoint reviews and an annual appraisal, where they discussed their progress and hard work. When the work of staff was of a consistently high standard they were rewarded through incremental pay increases. The provider also hosted award ceremonies to acknowledge hard work and awarded prizes.

A comprehensive and effective audit programme maintained excellent standards of care for people who used the service. We saw regular audits were completed, which looked at the quality of documents and information. Action plans were implemented to address issues in a timely manner. The registered manager ensured learning was completed through competency checks, reflection logs, supervision and personal improvement plans. This process promoted continuous improvement in the service.

Extensive governance systems were in place to facilitate reviewing and learning. All accidents, incidents, complaints and near misses were reported by staff or the registered manager. The registered manager completed thorough investigations, to identify and eliminate factors that contributed to the problem. People who used the service were informed of the outcome of the investigation in a way they could understand. The registered manager also informed the Health and Safety Business Partner who was part of the providers structure; they collated information and identified patterns. These were then addressed through the senior leadership team of the provider. These systems meant the registered manager was continually learning and improving the service.

The registered manager was aware of their responsibilities and had fulfilled their regulatory responsibilities by sending the CQC relevant notifications.