Kingly Care Partnership Limited

Kingly Terrace

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 13 November 2015. This residential care service is registered to provide accommodation and personal care to people with a mental health diagnosis, acquired brain injury, physical disabilities, younger and older adults. At the time of our inspection, four people were living at the home. The home opened in March 2015.

There was a registered manager in post 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.

People said that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection

Summary of findings

there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabling positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were skilled; plans were in place for new staff to complete the Care Certificate which is based on best practice. The provider's mandatory training was updated annually.

People were actively involved in decisions about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and worked alongside care staff to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager and members of the senior management team of the service were passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

Records relating to staff files and training contained accurate and up to date records.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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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 13 November 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service, nine members of staff including care/ rehabilitation staff, the registered manager and members of the senior management team.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People felt safe where they lived. It was clear through observation and general interaction that people felt safe and comfortable in the home. One person said "The care is brilliant; I can't fault anyone and I feel safe here." The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One staff member said "I wouldn't hesitate to report any concerns and I know the manager would act on all concerns." Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. The provider promoted positive risk taking and encouraged people to have an awareness of their own risks. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. A member of staff said "Risk assessments are essential because we try to eliminate or reduce risks we are aware of and also they give us information on known things which may be triggers for people; they get updated all of the time when we know more information or when things change." When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the home regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was sufficient staff available to provide people's care and support. One person said "Someone is always available when I need them and there is always enough staff about." We looked at the staff rota for the week and saw there was enough staff to support people with their planned activities. One care staff said "We always have enough staff, we cover for each other." We observed that there were enough staff to attend to people's needs and to be relaxed with them during our inspection visit.

People's medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine. Protocols were in place for managing medicines that were not always administered every day; for example pain relievers and these were reviewed on a regular basis.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. The team consisted of rehabilitation workers and the whole focus of the service was to support people to reach their full potential by fully involving them in their rehabilitation program; training provided for the team was focussed around enabling people.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on acquired brain injury and managing challenging behaviour. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was really good; I shadowed other staff until I felt I knew people really well; I wasn't rushed to get straight into caring for people on my own." The provider was following good practice guidelines for newly recruited staff and a plan was in place that all new staff undertook the new Care Certificate.

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was planned to be refreshed annually. The provider had their own occupational therapists and they trained individual staff on personalised moving and handling and physiotherapy which was tailored specifically for each person. The home also had their own training manager and training co-ordinator. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff we spoke with were positive about the training received and confirmed that the training was a combination of online and classroom based training.

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The provider also accessed specific training when someone's needs changed or a new person moved into the home with specific care needs; for example pressure care training.

People's needs were met by staff that received regular supervision and an annual appraisal was planned. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. A member of staff said "Supervision meetings are really positive, I receive positive feedback; it is nice to be told you are doing well."

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 we saw that they were. The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place, two of these had been authorised and the others were waiting for the formal assessments to take place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People chose whether they ate in the dining room or in their own rooms and had made choices about their menu in the weekly resident's consultation meeting. One person said "The food is good; I'm a vegetarian and they cater for me, it's never a problem."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted

Good

Is the service effective?

by signage around the kitchen. All people using the service had individual nutritional plans which were detailed and gave staff information on how to support people. People had access to crockery and cutlery purchased specifically to meet their needs and to promote their independence and maintain their dignity. People were referred to the Speech and Language Therapy team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed. Care plans contained pictorial guides detailing for staff step by step instructions on how to undertake specific health procedures which enabled staff to feel confident in carrying out procedures and ultimately the person using the service felt confident in the staff. Care records showed that people had access to community nurses, psychologists, occupational therapists and GP's; people were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were 'good'. One person told us "The care staff are absolute darlings; they feel like friends because they are so caring". Another person told us "Very good staff, caring and kind; in fact brilliant." Relatives feedback said they were very happy with the care and support provided and said staff looked after people well. One relative said "It's such a relief for me knowing [my relative] is here and so well looked after."

People were treated with kindness, compassion and respect. One person said "I am treated with one million per cent respect and compassion; beat that." The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care and reablement.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person who spoke with us in their bedroom said "I have a lovely room; staff put all my pictures up for me." Another person also spoke with us in their room and they had their own computer desk, laptop and other personal items around them.

Care plans were very detailed and included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. Some people who used the service had schedules to help them remember the structure of their day which gave them more independence and more control in their life.

The home had a keyworker system in place where each person who lived there had an identified staff member to talk to, discuss their progress, liaised with family on their behalf and planned outings and trips. The registered manager said that people were not automatically given a keyworker; it was recognised that people may want to build up a therapeutic relationship with particular staff and may want to choose their own keyworker. One person said "I love spending time with [keyworker]; it's our one to one time and we make plans."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed on the computerised care plans and staff handovers were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area. Care plans promoted people's dignity and gave examples of how staff could enhance this, for example; cutting up people's food for those who needed it was done in the kitchen area not at the dining table because having this done in front of other people at the dining table had the potential to make people feel less dignified.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people. People did use independent financial advocates and information on this was clear in people's financial plans.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One family member said "We can visit when we want, staff are always welcoming and we are made to feel that this is [my relatives] home." The registered manager told us that people's families could visit when they want and they could speak with them in the lounge area or their bedrooms. People were also supported to 'skype' and 'facetime' their families and friends and this was actively encouraged.

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual.

Information in care plans was very detailed and contained fact/information sheets on people's health needs, rehabilitation strategies and techniques and how consistent use of cognitive exercises help develop peoples skills. People were supported using a rehabilitation planner and 'tasks' were built in to people's daily schedules. The staff team were guided on using 'total communication' which is a holistic view of communication where a system is created that is personalised to the individual which includes 'touch cue's', facial expressions, gestures, body language and symbols; this enabled staff to communicate in the best way for each individual. Evidence in care records showed that this system was very effective for people.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan; this was confirmed in the care plans we saw. People also had reviews of the service they received by their funding authority and this was documented in their personal files. Reviews were comprehensive and included detailed therapeutic interventions and progress that had been achieved.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home had care plans detailing how staff could encourage positive social engagement and how to work best with each person to achieve this. People were involved with arts and crafts, baking, gardening [the home had raised borders in place to facilitate this], newspaper group to discuss current affairs, pampering sessions, music sessions and many more in house activities. Care staff made efforts to engage people's interest in what was happening in the wider world and local community and we observed lots of conversations relating to this.

People participated in a range of activities. Most activities were structured and planned which were part of people's reablement pathway. People set goals with their keyworker and physiotherapists and these goals were made achievable one step at a time and these were embedded into people's rehabilitation planners. People enjoyed shopping, trips to local coffee shops. One person said "The staff are really good, they support me to the coffee shop; I love people watching."Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. One family member said "I know [my relative] receives good support here; the staff always use a positive tone of voice which sounds encouraging and supportive and I think that helps."

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. One relative said "I know how to complain, I've never had to but I would feel confident that it would be taken seriously." There were appropriate policies and procedures in place for complaints to be dealt with including easy read versions for the people living at the home. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

Good

Is the service well-led?

Our findings

The Registered Manager who is also the Clinical Director is a qualified Neuro Occupational Therapist with significant experience; they had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "[The manager] is fantastic, very committed to the residents and the staff."

Communication between people, families and staff was encouraged in an open way. The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive and gave us examples of changes that have been made from their feedback. One staff member told us about a change they suggested about a bathroom to enable a person to have better access; these changes were acted upon and the person has now been able to use the bath.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback from people who used the service was gained on a one to one basis and also at the consultation meetings. The home will be sending out quality assurance questionnaires to families in the near future. People, staff and families that we spoke with were positive about the service and thought it was progressing well in its first year of opening.

The vision of the Kingly Care Partnership is to maximise / focus each individual's potential for independent living, combining comfortable, modern accommodation with unobtrusive supervision from expert staff. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service.

The deputy manager and the registered manager told us about the positive support they received from the senior management team and from the directors of the company. The directors of the company visit on a regular basis and staff told us they were also approachable and very knowledgeable about the people who lived there.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff confirmed that they knew what support each person needed and they worked well together sharing information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "I feel valued and supported, [the registered manager] gives us feedback and lets us know if we need to improve things" Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.