Kingly Care Partnership Limited

Kingly House

Inspection report

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Ratings

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

Overall summary

We inspected the service on 1 July 2015. The inspection was unannounced.

Kingly House provides specialist care and support for up to 17 people who live with a brain injury or neurological disability. The accommodation includes a large communal dining area, two sitting rooms and a secure landscaped garden. All bedrooms are single occupancy with en-suite facilities. The interior of the home has been modernised and all necessary adjustments have been made to support the needs for wheelchair users. At the time of our inspection 17 people were using the service. Some of the people using the service were referred to the service by NHS Clinical Commissioning Groups.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Staff were very well trained and extremely knowledgeable about people's individual needs and the specialist care they were delivering. Staff were well supported by qualified managers who had detailed insights and understanding of people using the service.

People were protected from harm by staff who understood and practiced the provider's safeguarding policies. People were supported to exercise choices which involved degrees of carefully assessed risks aimed at supporting people to increase their independence.

People were supported by enough skilled and experienced staff to meet their specialist needs and keep them safe. The provider also ensured that there were sufficient skilled and experienced staff to support people with their chosen activities, develop their independence and enhance the quality of their lives proactively. The provider's recruitment procedures ensured as far as possible that only staff suited to work in a specialist care environment were recruited.

People received their medicines on time. The provider had procedures for the safe management of medicines.

The service was shortlisted as being in the top three specialist care providers in a national specialist annual independent care award in 2014 and 2015.

Staff were supported through effective training and supervision. The effectiveness of training was monitored by a training manager. Staff had opportunities to progress their careers because of a bespoke staff development programme operated by the provider. All staff involved in supporting people understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their nutritional and heath needs. They were supported to access to specialist health services.

People were supported with kindness, compassion and optimism. Staff were very knowledgeable about people's needs and this helped them to develop caring professional relationships with people they supported. People were actively involved in decisions about their care and support. Staff treated people with dignity and respect.

People's care was responsive to their needs. Each person had an individually tailored care plan that addressed their unique and specific needs. They were supported to follow their interests and hobbies not only to enjoy them but also to increase their independence and everyday living skills. Staff went `the extra mile' to support people.

The provider encouraged people to provide feedback and acted upon what people said.

People using the service, their relatives and staff were involved in developing the service through meetings and reviews or care plans. People's suggestions and ideas were acted upon.

The service was well led by qualified staff. The service was committed to continual improvement and had robust procedures for assessing and monitoring the quality of care and support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm and were supported to take carefully assessed risks that helped them become more independent. People were supported by sufficient numbers of specialist skilled and knowledgeable staff. People received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the right knowledge and skills. The provider had an effective staff training plan that was managed by a training manager. Staff were knowledgeable about the Mental Capacity Act 2005 and supported people in line with the Act. People were supported with their nutritional and health needs by staff who were attentive to those needs.

Good

Is the service caring?
The service was caring.

People were supported with kindness and compassion by staff who made people feel they mattered by the quality of support they provided. People were involved in decisions about their care and support and were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Staff provided care and support that was fully focused on people's individual's needs, preferences and choices. They supported people to follow their interests and hobbies in ways that helped people become more independent and enhanced their lives.

Good

Is the service well-led?
The service was well led.

People were encouraged to be involved in developing the service. Their ideas and suggestions were acted upon. The service was led by qualified staff who had a detailed knowledge of people's needs. Quality assurance procedures were robust. The provider was committed to continuous improvement.

Good

Kingly 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 checked 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.

The inspection took place on 1 July 2015 and was unannounced.

The inspection team included two inspectors 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 provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted a local authority that funds the care of some of the people using the service to see whether they had any concerns about the service.

The service provides care for people who live with a brain injury or neurological disability. The conditions people lived with meant it was a challenge for them to maintain conversation. Mindful of that we spoke only briefly with people. We spoke with five of the 17 people who used the service at the time of our inspection visit. We looked at five other people's care plans and associated care records. We looked at the provider's risk management and medicines management policies. We also looked at a staff recruitment file to help us assess the provider's recruitment procedures. We spoke with a director of Kingly Care Partnerships Limited, the registered manager, a training manager, two rehabilitation support staff and a chef. We looked at records of meetings of people using the service and records associated with the provider's quality assurance processes.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service and when they were outside the service doing things like shopping or enjoying leisure time. A person joked "It's too safe!"

People who used the service were protected as far as it was practical to do so from avoidable harm. Staff supported people to be as independent as possible. In doing so, staff protected people from harm without restricting their choices about how they spent their time or activities they participated in. That was the case even where people enjoyed activities that involved risks, such as horse riding and swimming.

The provider had safeguarding policies and procedures whose aim was to protect people from harm. Staff we spoke with told us they had access to those policies and were familiar with them. They knew how to recognise and respond to signs of abuse. They told us about signs they looked for to identify whether a person was abused or at risk of abuse. They looked, for example, for signs of unexplained bruising, mood and/or behaviour or signs that a person was uncomfortable in the presence of other people. Staff were alert and pro-active to people showing signs of anxiety and took appropriate action quickly to support people to feel relaxed. This demonstrated that staff had a high level of understanding of how to support people to be safe. Staff we spoke with told us they had "absolute" confidence that senior staff and managers would take any concerns they raised about people's safety seriously.

An important aspect of trying to ensure people's safety was that staff had very good knowledge of people's needs, preferences and life styles. That, coupled with the specialised training they received about the impact of brain injuries and neurological disorders on people's lives, meant that staff understood the causes of behaviours that challenged other people. This meant that both people showing that behaviour and those at who the behaviour was directed were supported safely and with consideration. Protection plans were in place to protect the more vulnerable people using the service from challenging behaviours.

The day of our inspection was a particularly hot day. The provider ensured that staff followed NHS guidance about protecting people from the effects of heat and sunlight. Staff supported people throughout the day to drink sufficient fluids to protect them from dehydration. An activity that had been scheduled to take place outside was cancelled in favour of a sedentary activity inside. This showed that staff showed imitative to protect people from possible harm by cancelling an activity and substituting it with another.

People's care plans included risk assessments of activities and routines associated with their care and support. The risk assessments included information for staff about how to support people so that the person they supported, other people using the service and staff were safe from harm. People using the service or, if they were unable to be involved, their representatives were involved in the risk assessments. The risk assessments minimised the extent of any restrictions on people's freedom and choice. Where restrictions on recreational activities were made these were in a person's best interests and in line with specialist medical and professional advice. For example, where there were compelling reasons to limit the amount of time people spent on a physical activity these were explained to people and staff supported people with that activity for measured periods of time.

People's care plans and staff implementation of those plans achieved a balance between protection from harm and a person's freedom. For example, people with complex needs were accompanied by staff when they went out for their personal safety. When people were taken out in a car, the ratio of staff to people using the service was increased, again for their safety.

Some people where supported to cook for themselves. The kitchen looked like one in a person's home apart from the locks on the cupboards. Staff explained that this was a balance between keeping people safe from harm and keeping life as normal as possible.

The provider worked closely with local recreational centres such a leisure centres to allow them to permit people using the service to use their facilities. By doing this the provider helped people running those centres overcome initial reservations about the risks associated with vulnerable people using their services. Staff shared the same recreational interests as the people they supported which meant that they were able to support people to feel

Good

Is the service safe?

confident and safe about the activities. In this way the provider put into practice an important aim of the service which was that `every resident has the right to freedom of choice…..including reasonable risks they want to take.'

All of those examples showed that the service consistently balanced people's needs and preferences to lead full and meaningful lives without placing unnecessary restrictions on how people spent their time.

Staff used the provider's procedures to report incidents and accidents. Each report was investigated by the registered manager or a specifically allocated senior manager. Reasons why an incident or accident had occurred were identified and steps were taken to reduce the risk of a similar event happening again.

The premises, including the garden, were well maintained by housekeeping staff. Equipment used to support people was maintained according to manufacturer's specifications and was therefore safe to use. When hoists were used staff used bespoke slings suited to people's individual size and weight which meant that people were supported safely at those times. This showed the high level of attention staff paid to people's safety.

Staffing levels were determined by the registered manager. Decisions about staffing levels were based on the care needs of people using the service and the types of activities they wanted to participate in. During the day nine staff with suitable skills and experience supported people. We saw four staff supporting people with activities whilst other staff attended to other duties. When people used alarm bells to call for assistance staff responded promptly. People using the service could feel confident that they were supported by sufficient numbers of staff.

Staff we spoke with were very knowledgeable about the contents of people's care plans people using the service. Enough staff were available to support people with their chosen recreational activities, including in the evenings.

The provider had effective recruitment procedures that ensured as far as possible, that only suitably skilled and qualified staff were employed to work at the service. The provider carried out the required pre-employment checks before a person was allowed to work at the service. People using the service could be assured that they were supported by staff who were of good character and who had the right skills, competencies and qualifications.

The provider had safe and effective arrangements for the management of medicines at the service. Those arrangements were managed by senior staff who carried out audits of medications and liaised with GPs and other relevant health professionals concerning people's medication. Only staff that were trained to handle medicines were allowed to support people with their medicines. The training had been thorough and included shadowing an experienced medicines administrator. Staff competences to continue administering medicines were regularly reviewed by senior staff. Sufficient stocks of medicines were held to ensure that people's medicines were always available. The provider had safe and effective arrangements for storing medicines and disposing of those that were no longer required. We carried out a check of the supply of one person's medicines and found that all their medicines were appropriately accounted for.

The provider had effective arrangements for supporting people to have their medicines when they were away from the home, for example on days out or when visiting their family.

People using the service and their relatives could be confident that the provider took all reasonable steps to ensure their safety and welfare.

Good

Is the service effective?

Our findings

We were unable to maintain conversations with people to ask them what they thought of about the effectiveness of staff, but they did indicate that they felt staff supported them well. We saw from responses people had made to a recent survey that they were very happy with the quality of care they experienced and that they considered that they were supported by staff who were capable and who understood their needs.

The principle aim of the service was to support people to achieve as much independence as possible. Staff we spoke with told us they felt very well supported through training. They told us that the training they had received was very good because it equipped them to be able to support the needs of the people who used the service. They explained the training covered people's individual needs, including the medical conditions they lived with. They had also received training about supporting people with brain injuries and neurological disabilities.

The provider had a training manager who was implementing a new government initiative to introduce a Care Certificate for new care workers from 1 April 2015. This is not a mandatory requirement, but it is aimed at improving the skills, knowledge and behaviours of staff working in adult social care and replaces the `common induction standards'. The provider's implementation of the Care Certificate showed they kept up to date with national guidance and recommendations and took swift action to implement them.

The training manager was a qualified nurse with many years of experience of working in the field of brain injury and neurological conditions. This made them well qualified to design and deliver training that was relevant to the needs of the people using the service. Each member of staff had individually tailored training plans that reflected the needs of people they supported. The training manager evaluated the effectiveness of staff training by observing whether staff were competent and confident to support people independently. Staff told us that the training made them more confident to support people when they displayed behaviour that challenged others. Our observations of how staff interacted with and supported people using the service were that staff were well trained, knowledgeable and skilful. They put their training into practice. This was most evident in the way they communicated with people. People using the service could be confident that they were supported by staff who were competent and able. The training manager was part of the management team. This showed that the provider placed high value on staff training.

The provider had a well-defined procedure for supervision of staff that included regular one-to-one meetings for individual staff and their manager. The procedure stated that supervision meetings were central to a process for helping the staff learn and develop their skills. Staff we spoke with told us they found their supervision meetings were helpful and supportive. One told us, "I feel supported. I feel a lot happier here than any other service where I have worked." Staff had end of year appraisal reports that summarised their performance and identified training needs. The appraisals were an integral part of supporting staff to develop their careers within Kingly Partnership. Several staff had progressed to more senior positions and others had opportunities to do so by following a staff development programme operated within Kingly Partnership. This showed that the provider had proactive systems in place for developing staff skills and motivating staff to increase their knowledge and skills.

Staff were supported by a management team of professionals with qualifications and expertise in needs of people using the service. These included neuro-occupational therapists, a neuro-psychiatrist and registered nurses. Staff with professional qualifications were registered with the relevant professional body. The provider had links with organisations specialising in neurological conditions and had access to their research. The provider had, through those links, kept up to date with the latest research about supporting people with brain injuries and neurological disabilities. The service was shortlisted as in the top three specialist care providers in a national specialist independent care award.

People using the service and their relatives could be confident that they were supported by staff with the right skills and knowledge.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. At the time of our

Good

Is the service effective?

inspection there were people using the service who were under a DoLS authorisation. The provider followed the correct procedures before applying for a DoLS ruling. The provider had detailed DoLS care plans and individual capacity statements for each person using the service. Assessments identified people's level of understanding of their needs and physical ability to carry out their choices. Staff we spoke with understood the DoLS care plans.

Staff we spoke with demonstrated awareness and understanding of DoLS and detailed knowledge of people's care plans. They knew that they could not use any form of restraint when supporting people or provide care and support without their consent. Staff sought and received people's consent by communicating with people using people's preferred means of communication. These included signs, pictures, gestures and language. The provider had a senior manager who ensured that MCA and DoLS were properly practised across all locations where they provided care and support. This meant people using the service could be confident that staff protected their human rights.

People we spoke with told us that meal times were pleasurable. A person told us, "I like the food. The food is enough, I don't go hungry." People had a choice of meals. Choices were based on individual's nutritional needs and food preferences. A chef we spoke with was knowledgeable about people's nutritional requirements and preferences. Food was prepared using fresh locally sourced ingredients including fruit and vegetables to support people to have a healthy diet.

At lunch time people were given a large glasses of drinks with their lunch which made it easier for them to drink. Drinks were available upon request during the day and as it was an unusually hot day, people were prompted at regular intervals to drink due to the adverse heat. Staff knew which people had difficulties with food and water intake and they supported those people in line with their care plans. People who were able to were supported to make their own drinks in a small kitchenette next to the dining area. People who did not want to have their meals with other people present were supported to have their meals alone.

People's responses to a recent survey carried out by the provider included that they were well cared for by staff who understood their needs. People's plans of care included information for staff about how to support people with their everyday health needs. This included helping people access specialist health services and community health services when people needed them. We saw from records we looked at that the service had a good relationship with the local GP practice.

Staff were attentive to people's health needs and supported people to access health services when they needed, for example their GP, dentist and optician. Staff recognised changes in people's circumstances and made referrals to specialist services. For example, a person was referred to a wheel chair service after staff identified they would increase their independence if they had a different type of wheelchair. People who had eating difficulties were referred to specialist NHS services. Feedback we saw from health professionals was consistently positive and complimentary about the service. One health service had commented that the quality how Kingly House operated had helped them improve their own service.

Staff were able to support people's health and social needs because the provider used a bespoke computerised notes system which they had designed and commissioned for this and other services run by the provider. Staff used the system to record notes of care and support people received. The system was capable of identifying trends in people's health and well-being and was used by staff to act on the very latest information about people using the service. This showed the provider used creative and innovative means to support people.

Staff were able to identify and assess the complex needs of people using the service. They liaised with external professionals to obtain specialist equipment that supported people with their needs. For example, specialist seating and equipment that aided sleep and bespoke mobility equipment. The provider's specialist therapeutic and clinical team had secured funding for equipment that did was out of the scope of statutory funding.

People using the service could be confident that staff would support them with their health needs.

Good

Is the service caring?

Our findings

People using the service told us that they were supported extremely well and that the service made them feel that they mattered. One person told us, **"**The staff are nice**"** and another said, **"**They [the staff] treat me nice**."**

People reported that they felt staff generated a positive and friendly atmosphere and respected their choices and preferences. The provider had a strong emphasis on ensuring that people were supported by staff that were familiar to them. For example all staff members were permanent employees and no agency workers were used. Staff told us this helped them to develop a positive caring relationship with people who used the service. Whilst people did not tell us that directly, it was evident from their responses to a recent survey carried out by the provider that that was what they felt. The provider placed high emphasis on supporting staff to develop a close professional working relationship with people they supported. This was evident in the types of activities staff supported people with.

The provider helped people feel they mattered because staff supported people with things that mattered to them. This was most evident with the types of activities that people were supported to enjoy which catered for a very wide range of emotional, spiritual, recreational and life-style needs. When we observed how staff interacted and communicated with people they did so with dignity and in ways that people understood. We saw staff share jokes with people. Staff communicated skilfully and patiently using gestures, pictures and signs to communicate with people without speech. This meant that people with limited communication abilities were able to express their views to staff who in turn understood and provided people with what they wanted which showed that the people using the service mattered to staff. This provided evidence of a strong person centred culture at the service which was at the core of the provider's ethos which staff put into practice. Staff, by the quality of how they supported and interacted with people, created a warm, caring and friendly atmosphere at Kingly House.

We saw that staff were attentive to people's comfort. They did not wait for people to ask to be supported to be more comfortable, they identified when comfort may have been an issue and were proactive. We saw a staff member explain to a person that they would make them more comfortable if they wanted and after the person acknowledged this the staff member supported them to be comfortable. A staff member offered another person an alternative chair they knew that the person liked and then brought it to them after the person said they would like to sit in that chair. This showed staff were pro-active in recognising that people needed minor adjustments to their posture to be more comfortable.

Staff demonstrated that people mattered by respecting decisions people made about staff respecting their `space' in a lounge. People who enjoyed using the lounge had requested that staff and visitors did not use the lounge as a thoroughfare to the dining room. We saw that staff respected people's decision about this.

People who were able to be were involved in making decisions about planning their care. They set their own goals which they were supported to achieve. For example, people set goals to learn and maintain living skills Where people were not able, the provider involved people's families to continually develop an understanding of a person's needs so that care and support was delivered in a way that was personal to them. An important aspect of delivery of care was that staff had detailed understanding of people's communication styles and needs. Staff received training in different communication styles and they were consequently able to communicate effectively with people using the service.

Staff supported people with life-style choices by supporting them to visit places of interest to them, including during evenings even if those places were in other towns. Staff were able to support people in this way because they developed strong professional relationships with people and shared the same interests as people they supported. Staff we spoke with described such support as "normal" but this understated their commitment to `go the extra mile' to support people.

The home environment had been designed and furnished to be comfortable for the people using the service. It was `a home from home'. People were supported to personalise their rooms with personal items and furniture. Communal areas were homely and without any sign of being institutionalised. This was an intended initiative by the provider to tailor the home environment to provide stimulation for people using the service and an effort to help people feel they mattered.

Good

Is the service caring?

Plans of care we looked at contained evidence that people were involved in the assessment of their needs. They were also involved in decisions about their care and support as far as they were able to be, some with the support of family and health and social care professionals. During the assessments and reviews of their needs people or their representatives explained how they wanted to be supported to achieve their aim of being as independent as possible.

People using the service were supported by staff who had the right communication skills to be able to involve people in daily decisions about their care and support. We saw staff do that by offering people choices and providing care in ways people understood and responded to.

Staff supported people to be independent by helping them develop everyday life skills. Staff prompted or helped people with things such as preparing meals, maintaining contact with family and friends, managing their finances and planning activities that were important to them. Staff helped people make informed decisions by providing them with information they needed about things they wanted to do. A member of staff we spoke with explained, “The service is about helping the person to be as independent as possible.”

Staff respected people’s privacy and dignity. Some people using the service preferred to spend most of their time in their rooms. Staff respected their choices and did not enter their rooms without being invited to. Personal care was only carried out in people’s rooms with just the person and staff carrying out the care present. Information about people was securely stored and was accessible only to people authorised to see it. People who used social media or accessed the internet had their own personal login which was private.

Staff roles were challenging because of the complex needs of the people using the service. They received high quality training and support. That, coupled with their motivation to deliver the provider’s vision for the service, meant that people consistently experienced compassionate care.

Good

Is the service responsive?

Our findings

People using the service reported that they received the care that they needed as individuals. One told us, **"**As places like this go, this is the best in the country**."**

People's care plans were individualised and focused on their needs and how staff should support them to achieve their goals. People had different goals but all were related to achieving the maximum level if independence. Goals included restoring skills and abilities they had before their accidents or events were they suffered brain injuries or doing things that were important to them. A person described how staff supported them to maintain contact with their parents who lived a long way away and who could not manage to visit them often at Kingly House.

People were supported to achieve their goals in progressive stages. Staff used weekly rehabilitation diaries to support people with a range of activities that were designed to help them achieve their goals in small incremental stages. Activities including supporting people to learn how to wash, shave, read and use equipment such as electric wheelchairs and mobility scooters. Other activities were designed to provide stimulation and restore memory of things people enjoyed doing in the past. No two rehabilitation diaries were the same, they were clearly dedicated to and tailored for the person they related to.

The provider had produced a case study of how an individual had been supported by the service. The case study was submitted for a national specialist independent care award and achieved a finalist position within the category of `excellence in care'.

People were supported to achieve their goals by the provider's own neurological occupational therapists. Those therapists guided staff about a wide variety of meaningful activities designed to help people become more independent. Activities also included living skills like going to a bank, buying presents for family members, feeding ducks in a park and buying lottery tickets. People were supported to plan holidays to places that were important to them.Other activities focused on people's spiritual and faith needs. Some people using the service were supported to attend places of worship. Recreational activities such as horse-riding, swimming and going to a gym featured regularly in people's lives. People were also supported to attend christenings, funerals and cultural events. A person was supported to prepare for, attend and enjoy their wedding day. Feedback from families concerned greatly appreciated the service's efforts. Staff supported people to attend night clubs of people's choice even when this entailed travel to other towns. Staff were as enthusiastic about the activities as people were which added value to those activities. They made themselves available to support people. In those respects, staff went `the extra mile' with people they supported. This also showed that staff had a high understanding of people's social and cultural diversity, values and beliefs. This enabled staff to support people to experience a better quality of life.

When people chose not to participate or withdrew from activities involving other people, staff found other activities they could enjoy alone. For example, when a person appeared not to enjoy an activity a staff member involved them in a cleaning a car because they knew the person liked cars. They engaged in a conversation about cars while doing this. This was a good example of staff being innovative and proactive at a time when it would have been an easier option to have simply allowed a person to desist from an activity.

People were supported to overcome fears and anxieties about receiving care and support. The provider's admissions process identified people's anxieties and planning of care took those into account. We saw evidence of how a person was supported to overcome fears and anxieties to a point where they participated confidently in their care and support and enjoyed a quality of life they thought was non-achievable. This was achieved by involving the person and a range of healthcare specialists. It also relied on staff displaying outstanding communication and care skills to overcome initial challenges. For example, some people using the service initially lacked confidence to participate in activities designed to increase their independence, but staff supported people by explaining the benefits of those activities and introducing them to people in small incremental stages. Over a period of time risks associated with the person's care had reduced to minimal because of the quality of support provided.

People's care plans included detailed information for staff about how people wanted to be supported. People using the service and their representatives were involved in developing their care plans through discussions with staff. We saw that staff supported people in line with the care

Good

Is the service responsive?

plans. Staff we spoke with were very knowledgeable about the content of people's care plans. People using the service could therefore be confident that staff understood how to meet their needs.

People were supported to maintain contact with family and friends. The provider had installed telephone lines in people's bedrooms. The provider installed a social media connection for people to use to contact family and friends. Wi-Fi was installed throughout Kingly House for people to use. People who did not have their own laptop computers were able to use designated computers or laptops supplied by the provider. Staff took people to social venues in other towns, for example bingo halls, where people met family members and friends in a social setting.

The provider arranged weekly meetings were people were encouraged to share the views, suggestions and ideas. Each month, people had a meeting with their key worker to discuss their individual care and support. Staff acted on people's feedback. For example, people's suggestions that a `residents' communal area was not accessed by visitor's was acted upon.

The provider had procedures to investigate any information or concerns about the quality of care and support people received. We saw these had been thoroughly investigated by senior staff, including staff who worked in other services operated by the provider. This ensured that investigations were objective and impartial. For example, the impact of a person's behaviour and lifestyle on others resulted in a review of their care plan so that the person could continue to enjoy a lifestyle choice without it adversely affecting other people.

The provider had a complaints procedure. No complaints had been made since our last inspection. People's feedback from meetings, reviews of care plans and satisfaction surveys were acted upon by the provider.

Good

Is the service well-led?

Our findings

People and their relatives were encouraged to make suggestions and provide ideas about developing the service. They had opportunities to do so at `residents meetings' and reviews of their care plans. People made suggestions about the home environment and activities that the provider acted upon, for example ensuring that some communal areas were exclusively for the use of people that used the service and people expanding on the types of individual activities they wanted to do as they became more independent.

The provider had a clear vision about the aims and objectives of the service. This focused on two core principals; achieving quality of life for people using the service and treating people as individuals. Staff we spoke with knew the provider's vision and explained that it was to be achieved by supporting people to be as independent as possible. The provider placed people using the service at the centre of strategic decision making. The service was shortlisted as being in the top three specialist care providers in a national specialist annual independent care award in 2014 and 2015.

The provider's vision was supported by a framework of policies and staff training that provided staff with the right knowledge and skills to support people using the service. The provider had access to and worked with specialists in brain injuries and neurological disabilities. Senior management were qualified in the field of brain injuries and neurological disabilities and provided confident leadership that inspired the staff working in the service. Staff told us that one of the reasons they enjoyed working at Kingly House was that they felt supported and were absolutely confident in their manager's knowledge and support.

The provider had implemented a new government initiative to introduce a Care Certificate for new care workers from 1 April 2015. This is not a mandatory requirement, but it is aimed at improving the skills, knowledge and behaviours of staff working in adult social care. This showed that the provider was alert to developments in adult social care.

The provider had policies and procedures that promoted openness and encouraged staff to raise concerns or question practice. Staff supervision meetings also promoted openness. Staff told us they were confident that if they had occasion to raise concerns they would be taken seriously by seniors.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager who was supported by a team of seniors. The team including a manager who was responsible for staff training. The management team and senior staff all had expertise in the field of brain injuries and neurological conditions. They kept up to date with the latest developments in adult social care, for example the Care Certificate and the new Health and Social Care Act regulations that came into force on 1 April 2015. Individual senior staff in Kingly Partnership took the lead on subjects such as MCA and DoLS, infection control and health and safety. The directors of Kingly Partnership were very experienced in the field of brain injuries and neurological disabilities. They provided support and worked alongside the staff team. They carried out quality monitoring activities to assess the quality of service. Staff we spoke told us they felt part of a successful organisation.

The registered manager or a senior worker were always on duty. This meant that care workers always had a person with specialist knowledge and expertise to seek advice from if the need arose. Relatives of people using the service were able to meet with members of the management team at times that were convenient to them, for example during evenings and weekends. The

Senior managers, the registered manager, seniors and staff kept up to date with current good practice in the field of brain injuries and neurological disabilities. This was through links with nationally and internationally recognised bodies. Developments in research about supporting people with brain injuries were discussed at staff meetings, included in training and implemented. The service had established a positive reputation amongst health service organisations looking to place people in services specialising in supporting people with brain injuries and neurological disorders.

There were effective quality assurance systems in place to monitor and assess the quality of the service. These included regular scheduled checks of the safety of the building and environment, checks of plans of care and care records and observation of staff care practice. The management team critically reviewed the outcomes of

Good

Is the service well-led?

monitoring and continually sought ways to build upon performance. For example, the provider's IT systems were being upgraded to allow people using the service and their relatives to access information about living with brain injuries and related topics. The provider had annual improvement plans which built upon the previous year's performance. This demonstrated the provider had a culture of continuous improvement aiming for excellence.

The provider had procedures for reporting all accidents and incidents which occurred at the service or when people using the service were away from the home on visits, holidays or participating in activities. Reports were investigated and analysed by the registered manager. An IT system supported a detailed analysis of incidents which made it possible to identify trends and risks to individuals and people using the service. Risk assessments were reviewed and people's care plans updated when necessary. For example, minor adjustments were made to people's care plans to reduce risks of harm to themselves or others. Staff were informed of the outcome of investigations of reports they had made. Staff knew their concerns had been acted upon and gave them confidence to report future concerns which reinforced the open and transparent culture at the service. The provider's procedures for investigating reports of accidents, incidents and complaints were set up to drive continuous improvement in the delivery of care and support.