Kingly Care Partnership Limited

Kingly Terrace

Inspection report

2 Essex Road
Rushden
Northamptonshire
NN10 0LG

Tel: 07471034165

Date of inspection visit:
27 November 2017
01 December 2017

Date of publication:
27 March 2018

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Kingly Terrace is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Kingly Terrace provides accommodation and personal care for up to eight people that require support with varied and complex needs primarily arising from an acquired brain injury and, or, neurological disability. The home is a detached property that has been adapted for people that use wheelchairs and need other specialist equipment to manage their disability. There were eight people in residence when we inspected the service on 27 November and 1 December 2017.

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 benefitted from receiving support from a motivated staff that were enabled to work creatively to achieve outstanding outcomes. Staff had insight into people's capabilities and aspirations. People were encouraged and enabled to do things for themselves. They were encouraged to set goals and evaluate their progress in attaining these goals. People were enabled as much as possible to relearn skills they had lost as a consequence of their injury or condition. Their individual preferences for the way they liked to receive their care and support were respected. The emphasis was on rehabilitation and enhancing people's ability to realise their potential for managing their disability and attaining increasing levels of independence in their daily lives. The staff team demonstrated a commitment to providing outstanding care and support and they achieved this by working with each person individually and involving them in all aspects of their care and support.

The provider and registered manager had a rigorous quality assurance system that encouraged reflective practice within the team and ensured that people consistently received care and support that was reflective of best practice. The provider actively participated in national forums for raising awareness in the care of people with acquired brain injury and neurological disabilities. This enabled the provider to be at the forefront of best practice and research into caring for and supporting people living with such disabilities. The provider's vision and values were understood and shared across the staff team and they led with a proactive approach that focused on evaluating ways of making improvements to the service. People and their relatives were encouraged to be involved in making improvements to the home and their feedback was acted upon.

People received care and support from staff that knew what was expected of them. Staff were friendly, kind and compassionate and the team were well-led and evaluated their practice on a day-to-day basis. They were well trained and had the support of the management team and the provider. The registered manager

and senior staff inspired and supported their team to aim for and consistently achieve high standards when providing people with care and support. There was an ethos of care that was person centred and valued people as unique individuals, each with their own identity, aspirations and potential to be empowered.

People were safe. People were protected by rigorous recruitment procedures that made sure people did not receive unsafe care from staff that were unsuited to work at the service.

People were cared for by sufficient numbers of staff. They were supported by rehabilitation support workers (RSWs) and professional occupational therapists that had extensive professional training and experience of working with people with neurological disabilities. There was a policy of avoiding using temporary agency staff and this ensured that people had continuity of care from staff they knew and had formed positive relationships with. They received care from staff that had received training and support they needed to do their job well.

People's needs had been rigorously assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. Risks to people's safety were regularly reviewed as their needs and dependencies changed. The premises and equipment used to provide people with the specialist care they needed were appropriately maintained throughout to ensure their safety and that of the staff.

People were supported and safeguarded from avoidable harm and poor practice by staff that understood how to keep people safe. Safeguarding procedures were in place to help protect people from harm and staff understood their responsibilities to do so and to report any concerns. All safeguarding issues were investigated and appropriate action was taken.

Staff responded to people in a timely way whenever they needed assistance. Care plans were personalised. The care plans reflected each person's individual needs and provided staff with the information and guidance they needed to support people. Care planning involved people and supported their diverse needs. Staff had a good understanding of people's preferences and supported people to participate in activities they enjoyed.

People's capacity to make informed choices had been assessed and regularly reviewed. The provider and staff were mindful of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support. 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 healthcare needs were monitored. They had access to community based healthcare professionals, such as GP's and nurses, and had regular check-ups. They received timely medical attention when needed. Medicines were safely managed. They were securely stored and suitable arrangements were in place for their timely administration by staff that had received training.

People had enough to eat and drink. They enjoyed their meals and participated in creating menus that catered for their tastes and appetites. Individuals that needed encouragement and support with eating a healthy diet received the help they required. People were supported to have a balanced diet and to have their nutritional needs met.

Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that

action was taken and lessons learned when things went wrong, to improve safety across the service.

People were enabled to keep in touch with family and friends. The provider made use of computers with internet access for people to communicate with family and friends using, for example, 'Skype' and online interactive phone calls tailored to the individual needs and capabilities of the person.

Comprehensive information about the provider and the services provided was readily accessible on their website. As this was the first comprehensive inspection of this location a previous inspection rating was not yet on display.

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.

The service had effective practices and procedures in place to protect people from avoidable harm. People received their medicines as prescribed and they were protected against the risk of infection by good practice, the use of protective clothing, and keeping the home clean.

Risks associated with people's care and support were minimised and managed without compromising their choices about how they received their care.

There were sufficient numbers of trained and experienced staff to meet people's needs.

The premises and the equipment used by staff were appropriately maintained.

Is the service effective?

Good

The service was effective.

People's needs were assessed and regularly reviewed. They experienced high quality care from a staff team that included qualified professionals and well trained rehabilitation support workers.

People were supported to maintain their health, well-being, and where possible to realise their potential to regain skills they had lost or that had been compromised because of their injury or condition.

Staff understood and acted upon the principles of the Mental Capacity Act 2005 (MCA 2005), including ensuring that they had the right to make choices about how they received their care and had consented to it.

Is the service caring?

Good

The service was caring.

The staff team were friendly, compassionate, and treated people with kindness. They respected people's dignity, their right to privacy, and involved them in decisions about how they received their care and support.

People had the information they needed about their care and support communicated to them in ways they understood.

Staff took time to get to know people. They understood what was important to them and enabled them to make progress at their own pace.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People's quality of life had been enhanced by consistently receiving care and support that met their individual needs and empowered them to make positive changes to their lives.

People increasingly benefitted from achieving higher levels of independence in their day-to-day lives through a programme of rehabilitation that they fully engaged with. Staff had an excellent understanding of people's values and beliefs on how they wanted to receive their care and support to be delivered.

People knew how to raise concerns and arrangements were in place for advocates to speak up on their behalf if this was necessary.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

People benefitted from receiving care and support from a staff team that had a dynamic forward looking management team and a provider committed to providing innovative rehabilitation and excellent all round care.

The service had a positive 'can do' culture that supported people as individuals that had a recognised potential to take back control of their lives.

The registered manager and senior staff led by example and their enthusiasm and commitment inspired the staff team. The team worked exceptionally well together to the benefit of the people and provided them with the structure and opportunities they needed to enhance their quality of life.

Arrangements for monitoring and assessing the service were focused on ensuring that people consistently experienced outstanding standards of care.	

Kingly Terrace

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.

This comprehensive inspection took place on 27 November and 1 December 2017 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted HealthWatch which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, 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 it does well and improvements they plan to make. We took this information into account when we inspected.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed the accommodation and facilities used by people. We spoke with two people using the service and observed the interaction between people and their rehabilitation support workers in the communal areas. We also spoke with the registered manager, deputy manager, training manager for the organisation, two rehabilitation support workers, an occupational therapist and occupational therapist technician, and a domestic support worker.

We looked at access within the home including communal facilities, such as the lounge and dining room, as well as some bedrooms. We looked at the medicines, food and equipment storage facilities and took into account the precautions in place to protect people against the risk of fire.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included the provider quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People received care and support from staff that maintained their safety. The provider monitored staffing levels and ensured that there were sufficient numbers of experienced and trained care staff on duty. We observed that there were sufficient numbers of staff working within the home to provide people's care and support. We also saw that people's demeanour was relaxed when they interacted with staff and this was an indicator that they felt safe in their company.

There was sufficient flexibility in the staffing rotas to ensure there was always staff 'on call'. The provider's policy was to ensure people received their care and support from staff they knew well so that they felt safe. One staff member said, "It's important to them [people]. Feeling sure that we [staff] know them gives them [people] a sense of security and peace of mind. Getting to know what each person needs takes time. Bringing in agency staff, however good they may be, can often slow up their [people's] progress because of the element of insecurity they [people] can sometimes feel when an unfamiliar face comes and goes over a few days."

The staff recruitment procedures ensured only suitable staff worked at the service. Checks were made with the Disclosure and Barring Service (DBS) to see if a candidate had any criminal convictions that would make them unsuitable for employment; references from previous employers were also taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

Staff worked with people to help enable them to be as independent as their potential capabilities allowed. Where this involved risk, the risks were assessed and people were supported to minimise the risk of injury but without compromising their right to make choices and decisions about what they wanted to do. People had individual risk assessments in place that identified additional support people needed to keep them safe. People's risk assessments contained advice and guidance for staff and these were also regularly reviewed and updated as necessary so that people were kept safe if their health or ability to do things deteriorated.

People received their medicines in a timely way and as prescribed by their GP. They were stored safely and locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. Trained staff administered medicines competently. They were knowledgeable about the way in which people preferred to take their medicines and knew what precautionary measures they needed to take in the event that people declined to take their medicine. 'Hospital passport' documentation used a visual easy view 'traffic light' system had been introduced. This enabled staff and other healthcare professionals to quickly and safely recognise essential healthcare information about each person that may be crucial to their wellbeing in case of an emergency.

Staff knew how to report any concerns about people's safety so they could be investigated. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned that people were being ill-treated or had received poor care. Staff had completed regular refresher safeguarding

training to keep up-to-date with any changes in the safeguarding reporting procedures. There had been no investigations undertaken prior to our inspection.

The home was kept clean throughout and people were protected by the prevention and control of infection. We saw that where areas required priority cleaning this was attended to in a timely way by staff. Staff had access to protective clothing, such as gloves and aprons and these were worn when assisting people with their personal care. Staff had completed training in infection control and food hygiene.

All appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules. A maintenance person was employed and they conducted routine safety checks of the building and emergency systems. Action taken to remedy defects or faults were documented.

Staff knew what to do in the event of a fire or emergency. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire drill practice. Each person had an individualised evacuation plan in place to assist in the event of the service having to be evacuated by external emergency services. Procedures were in place in the event of an accident or incident and there was a policy of learning from accidents in the day-to-day running of the home that was shared with staff to improve safety across the service. There had, however, been no accidents that had required this to be put into effect.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills as well as the training they needed to care for people with a range of needs. Staff received a thorough and effective induction into their role. They were supported to complete the 'Care Certificate'. The 'Care Certificate' consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

An individualised assessment of each person's needs, their existing capabilities and potential for achieving enhanced independence was produced at the time of referral. This assessment was comprehensive and avoided the limitations of a 'tick box' process so that an in-depth profile of the person was produced. A staff member said, "We need to know what someone is capable of achieving then work with them to achieve that. Good information is a key element in helping us do that."

The service had re-located from Kettering to the premises in Rushden. This was to provide people with more internal and external facilities so that there was more flexibility in making effective use of the living environment facilities in their rehabilitation. People were actively involved in the move. There were positive outcomes in all aspects of the change to their home environment; this achievement was a contributory factor to ensuring that the effectiveness of people's rehabilitation was not compromised but was instead enhanced. People were encouraged to make personal 'wish lists', choose their colour schemes for their rooms and for the communal areas, and have furniture they liked. Meetings were regularly held so people had a voice and were able to influence what activities and social events they wanted in their new environment.

People's needs were met by staff that were effectively supervised. There was a system of staff appraisal meetings in place, this ensured each member of staff had their performance, learning and development needs continually evaluated.

New staff had received induction training that prepared them for their duties. A comprehensive induction training programme was used that covered topics such as promoting people's rights, choice, dignity and independence. Experienced staff received refresher training in a timely way and were supported to keep up-to-date with best practice.

Staff had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life. Training focused on reducing people's anxiety, increasing their sense of well-being and improving their quality of life through them regaining as much independence as they were capable of achieving.

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 be 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).

The registered manager and staff team demonstrated a thorough understanding of the MCA, best interest meetings and of the DoLS process. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care and treatment. The manager and staff understood their roles and had received training in assessing people's capacity to make decisions and caring for those who lacked capacity to make some decisions.

People were supported to eat, drink and maintain a balanced diet. There were drinks and snacks available throughout the day. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the home as part of the assessment process. People could choose where they ate their meals and staff supported those who needed physical assistance. Meals were taken in a dining room that was conducive to the enjoyment of their meal, with tables set out for small groups of people.

People's physical health was promoted with regular healthcare check-ups and there was timely healthcare support from the local GP surgery and other healthcare professionals when required. The home also had access to a consultant Neurological Psychiatrist when, for example, additional specialist consultation was needed to supplement the professional expertise of the home's occupational therapist and senior staff team.

Timely action had been taken by staff whenever, for example, there were concerns about a person's health. The outcome of visits from other healthcare professionals were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing. Staff ensured visiting health care professionals had accurate information about people's conditions so that they were enabled to deliver the treatment people needed.

Good

Is the service caring?

Our findings

People were treated with kindness and were shown respect. Their personal care support was discreetly managed and they were treated with compassion and in a dignified way. People could choose which staff supported them with personal care and this enabled people to build up a rapport with them.

Staff were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. They knew about people's usual choices but offered them the option of something different where appropriate. People's choices in relation to their daily routines and activities were listened to and respected by staff. People were encouraged and enabled to regain their sense of identity and to actively participate in making choices about their daily lives. We saw, for example, that in group activities people freely chose to opt out at any stage and although staff encouraged them to join in they fully respected that person's choice at that time.

People's views about who should come and work at the home were valued and sought through their involvement in the recruitment process. A staff member said, "We need to know what they [people] think, after all we [staff] play such an important role in their lives. Sometimes it is difficult to get their viewpoint, but what's important is that we always try to do that."

People were enabled and supported to attend appropriate places of worship so that their cultural and spiritual needs were met. They were enabled to keep in contact with family irrespective of distance; arrangements were made for home visits, for example, and contact through 'skype' so that families did not feel isolated from their relative. There was recognition that the impact of trauma affected not only the person that had acquired a brain injury but their wider family as well. Staff involved family as much as possible as they were potentially a positive influence in the person's on-going rehabilitation.

Whenever people needed to attend any hospital or other external healthcare appointments staff were always made available to accompany them. A staff member said, "It can be daunting for someone to go elsewhere for treatment. Just being with them reassures them and can mean the difference between getting things quickly sorted out and a traumatic experience that might set them back."

Staff often chose to come back to the home in 'their own time' to participate in activities and organised events and do things that meant a lot to people. One person had a favourite item of clothing that had torn and this was repaired by a staff member in their own time. Another person that had a background in architecture and a fascination with old buildings enjoyed looking at old photographs of the locality that staff had taken the trouble to source for them.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. Staff knew people well and engaged with them as individuals, taking into account their personalities and how they preferred to receive their care and support. Staff used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. They responded promptly when people needed assistance or reassurance. We

heard staff taking time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them.

People that did not have family or friends involved in their care planning had access to advocacy services that could support their needs. An advocate is a trained professional that supports, enables and empowers people to speak up.

People's rooms were furnished and decorated to their taste which made their rooms comfortable places where they relaxed and enjoyed privacy.

Outstanding ☆

Is the service responsive?

Our findings

People were able to achieve so much at Kingly Terrace because of the support they received from a dedicated team that included highly trained staff and professionals. The team were committed to improving people's lives by supporting them to overcome significant barriers, such as physical disability and limited communication skills to become more independent in managing daily living tasks. One relative said, "They [staff] have completely 'turned around' [relative] for the better. It's been a huge success. [Relative] is now in much better health because of the work they have done with [relative]."

People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

People's individual support needs had been comprehensively assessed prior to their admission to the home. Comprehensive assessments were carried out to identify people's needs and plan how they were to be met. Care plans were developed with the involvement of people using the service and their relatives.

The staff worked proactively in partnership with people and their families so that they were fully consulted, empowered, listened to and valued. Innovative ideas for improving people's experiences were illustrated by the effort made to find 'solutions' to fixated behaviours that adversely affect people's well-being. An example of this was one person's inability to regulate their intake of food and drink to such an extent that it had serious implications for their health.

The OTs had researched ways of how this person's continual drive to eat and drink could be managed in the least restrictive and empowering way for this individual to take control of their behaviour. Important factors such as the person's personality, cognitive ability and their desire for autonomy led to a 'token' based solution devised in partnership with the person, their family and with staff.

The trial was overseen by the registered manager and was a huge success. Tokens were made that were tactile and durable. They were specifically designed for the person by an artist using bright images and elegant writing. This was to make the tokens look less 'clinical' and to convey uniqueness that pleased the person. Great care was taken to ensure that each token was clear to read and that the person understood their significance. The design showed, for example, a picture of a hot drink on one side and a cold drink on the other side; this was carefully thought through as the two options shown together on one side introduced a level of confusion that was avoidable. The designs and intentions of the token system were approved by the person and then explained to staff so that they were involved in the whole process. Tokens used in the morning and afternoon were colour coded to make it easier for the person to manage.

The person was also provided with laminated explanatory signs that were a reminder of how the system was designed to work. They were given the option to discontinue the trial at any time and staff were given very clear guidelines alongside recording charts and a comprehensive care plan that was a safeguard against inadvertent misuse of the system by staff.

The system has proved to be a great success for the person. It has been closely and rigorously monitored through observation, note taking, and from feedback from the person, their family, and from staff. The person kept the tokens to use for limited snacks and drinks at a time to suit their preference. This had empowered the person to make autonomous choices and retain ownership of their daily routine without in any sense depriving them of meals, snacks, and drinks that they normally had as part of healthy living.

Other examples include successfully enabling a person to engage with an activity in the company of others. Up until then they had avoided even sitting with other people to eat their meal. Since being encouraged to join the group they had participated in activities every day and their confidence had rocketed to the extent that they prepared breakfast with other people around. They also now shared a table with others and ate their meal in their company. The staff have seen that this positive development has enhanced the person's rapport with them and that they are now more able to engage in social interaction and lessen their detachment and social isolation from others. The knock-on benefit of this meant the person had sought out opportunities to access the wider community and opened up a whole new variety of beneficial experiences for themselves.

One person recently admitted to the home had a great deal of anxiety about managing their personal care that, according the person's family, had been an issue for a number of years. This resulted in difficult to manage behaviours, including hitting out, whenever personal care was provided. To overcome this person's deep seated anxiety the staff worked in close partnership with the family and introduced personal hygiene routines that included very gentle encouragement and recognising non-verbal displays of behaviour signalling raised anxiety levels.

Staff showed great patience and over time built up this person's confidence and trust in them and when they were able to engage with basic routine personal care with them they moved on to offering enhanced experiences, such as a 'Spa bath'. The 'Spa' bathroom was not limited to maintaining people's personal hygiene but was used as a therapeutic and relaxing facility. People's bathing experience included playing their favourite music and using scents they liked to create a pleasurable experience that also had an excellent outcome for their personal hygiene and self-esteem.

The Occupational Therapists (OTs) were encouraged to use their imagination and creative skills to lead and work with people and together develop solutions to overcome significant challenges. We saw, for example, that they took deserved pride in engaging people in varied and meaningful activities that served to invigorate their rehabilitation. These activities included organising a variety of daily groups with a focus on people's needs and preferences, such as reading, relaxation techniques, 'move and groove' dancing sessions, as well as cooking and 'pamper' sessions that enhanced people's sense of well-being.

People were free to choose to join in or not and just because some people lacked a 'physical voice' to express themselves staff were very mindful that they needed to be alert to other ways in which the person was able to convey their views, such as their body language, facial expression, or sounds they were capable of making.

Activities went beyond simple entertainment. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. The emphasis on activities was about responding to people's interests, stimulating the senses, and providing people with the social stimulation they enjoyed. They were organised to ensure people's enjoyment as well as being specifically thought through to improve people's motor skills and engage their cognitive abilities including spatial awareness and balance. One person that initially disengaged from participating in the 'move and groove' dance sessions now 'moved to the music' and through the physical act of dancing used muscles that had been adversely affected by trauma.

People's desire to engage in other activities were also identified and acted upon by group leaders. This was illustrated by the 'breakfast at Kingly and cooking group' initiative that realised the potential to 'encompass a wide range of cognitive and physical processes' that contributed towards people's rehabilitation through regaining hitherto 'lost skills'. People were supported to help prepare meals, attend to their personal care, and go out into the community to go shopping and use local recreational facilities.

People's right to private and family life included providing support to enable people to maintain ordinary family relationships. Staff used innovative ways of supporting people and involving families in their care. They had decorated a therapy room in a person's favourite colours to create a venue for an enjoyable family gathering because the person had been unable to go out in their wheelchair due to health reasons.

The staff team had developed bespoke communication strategies, using both technological and non-technological strategies which best suited each person's communication abilities. Staff were aware of, and acted upon, the diverse communication needs of the people they supported from the information in the person's care plan. They looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they were given. There was a novel and unique approach to the dissemination of information, using innovative and engaging methods to achieve this. They used, for example, role play, video, song, when working with people.

Equipment used to engage people in favourite activities and to communicate with family included I-Pads, Apple TV, 'eye gaze', 'blue-tooth' speakers used by the music group to enable favourite music to be sourced, 'bubble lamps' and lighting for sensory enhancement for those with limited communication, additional learning needs and visual impairments. One person had their 'voice' established through close partnership working with the local Speech and Language Therapy (SALT) team. They had learned 'eye gazing' to enable them to communicate using a 'cutting edge' system so they were able to 'have their say' despite not having the physical ability to vocalise.

Care plans contained all the relevant information needed to provide staff with the guidance and insight they needed to consistently meet people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

Formal reviews of people's care and support were regularly held. People were encouraged to take part and express opinions, aspirations and hopes for the future as much as they were able. A staff member said, "If they [people] can't take it [the review] all in we will sit with them afterwards and go through it with them in a way that means something to them. It might take a while but it's what we do as it is part and parcel of involving them."

There was a 24 hour 'on-call' system for staff to use as the need arose if they needed guidance from senior staff or extra support to meet people's needs. A secure 'electronic notes' system was used to ensure documentation was maintained and staff had access to a handover of essential information. An electronic 'e-log' was also maintained to alert staff to changes made to care plans so that the team were kept fully informed about what they needed to do to continue to meet people's needs in a timely way.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's

concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made. There had been no complaints since the home had opened just over a year or so previously.

Outstanding ☆

Is the service well-led?

Our findings

A registered manager was in post when we inspected. The service was led by an experienced registered manager who was a professionally qualified neurological occupational therapist. They led and inspired a team of occupational therapists and rehabilitation support workers. One relative said, "The dedication of the staff to improve [relative's] quality of life is commendable. [Relative's] care is excellent because they [staff] all work together so well with [relative] and everything is organised to make sure they [service users] all get the best care."

There was a particularly strong emphasis on continuous improvement. Staff were motivated to consistently achieve positive outcomes for the people they supported. This instilled a pride in the service that was nurtured by the registered manager, senior staff, and the provider. One staff member said, "When you work here you feel you can make a real difference to their [people's] lives and when you actually see that happen it really does make you 'glow' inside."

The service found innovative and creative ways to enable people to be empowered. The ethos of the provider was to inspire staff to come up with innovative ideas for improving people's experiences and enabling them to take back control of their lives. Examples of these ideas coming to practical fruition were given in the 'responsive' section of this report.

There were consistently high levels of constructive engagement with people and staff. This happened on a day-to-day basis, with regular meetings with staff held throughout the working week. They explored ideas for making a positive difference to people's care and support, both in the short-term and on longer term as people regained living skills that needed to be sustained.

The provider had a track record of being an excellent role model for other services. The Occupational Therapists (OTs) working at Kingly Terrace and in the provider's other services were members of COT - NPSS (College of Occupational Therapists Neurological Practice Specialist Section). The provider had membership of and participated in the United Kingdom Acquired Brain Injury Forum (UKABIF), the East Midlands Acquired Brain Injury Forum, as well as the Nottingham Brain Injury Specialist Interest Group. The benefits arising from these memberships enabled staff working at Kingly Terrace to be kept informed about developments in best practice they were able to utilise when caring for and supporting people with acquired brain injury and associated neurological conditions. Staff at Kingly Terrace also received copies of the Caring UK magazine, the Neurological Rehabilitation Times, Progress in Neurology and Psychiatry Magazine.

The provider has twice been finalists in the National Health Investor Awards in the category of Complex Care; and achieved finalist position in the Laingbuisson Specialist Care Awards in the category of Brain Injury Rehabilitation. These are examples of achievements nominated by and voted for by industry peers. They have taken pride in keeping up-to-date with best practice and advances in innovation within their specialist field.

The registered manager had consolidated relationships with external professionals such as healthcare professionals and ensured they had access to the information they required to provide any additional specialist care people needed.

The provider's team had close links with Coventry University and supported the training and development of undergraduate OTs through the provision of student practice placement opportunities. In addition the senior staff team were engaged in consultation and national development initiatives for the OT Apprenticeship programme. The provider had trialled specialist equipment manufactured by external professionals designed for the most dependent people, such as specialist seating.

The staff team had established and sustained productive working relationships with community based healthcare professionals such as community physiotherapists, mental health teams, clinical psychiatric and neurological professionals, as well as advocacy services. Referrals to these services were usually made through people's GPs or via the in-house Occupational Therapist. There was evidence that the management team had worked co-operatively with, for example, the Court of Protection, to ensure people's best interests were to the fore in any decisions that needed to be made about their future. We saw from quality assurance responses that other professionals, such as social workers, were impressed by the standard of care and support provided at Kingly Terrace.

The provider supported members of the staff team to become specialists in their field, for example there was a specially trained and designated Manual Handling 'Train the Trainer'. They kept up-to-date with legislation and disseminated best practice through policies and procedures.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The views of people using the service were at the core of quality monitoring and assurance arrangements. People's experience of the service, including that of their relatives, was seen as being important to help continually drive the service forward and sustain excellent rehabilitative care and support.

The registered manager and other senior staff completed regular audits which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed team members going about their duties to check they were working in line with good practice. Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved. Examples of completed quality assurance questionnaires received from relatives consistently described the service as 'excellent'.

Staff said there was always an 'open door' if they needed guidance from the registered manager, deputy manager, or any of the senior staff and experienced colleagues. They said the registered manager was very supportive and approachable. Staff also confirmed that there was a very supportive and positive culture that inspired teamwork. They said that the effort and contribution they each made as a member of the team towards providing people with the care they needed was recognised and valued by the provider, the registered manager and senior staff.

Staff had been provided with the information on the safeguarding whistleblowing procedure if they needed to raise concerns with outside regulatory agencies, such as the Care Quality Commission (CQC), or the Local Authority adult safeguarding team.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records

relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

As this was the first inspection of Kingly Terrace by the Care Quality Commission (CQC) an inspection rating had not yet been displayed in the home. The provider had ensured that this had been done in their other services and their website was similarly kept up-to-date with CQC inspection ratings.