Home from Home Care Limited

Kirk House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

About the service:
Kirk House is a care home registered to provide personal care to young adults who live with a physical/sensory disability, learning disability and/or autism. Kirk House is a purpose built home over two floors which can accommodate eleven people. At the time of the inspection there were nine people living at the service. People had access to their own private rooms. The building was being upgraded to enable everyone to have access to a private lounge, bedroom and bathroom.

The service had been developed and designed before the principles and values that underpin Registering the Right Support had been published. This guidance aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. People using the service received planned and co-ordinated bespoke person-centred support that was appropriate and inclusive for them.

People's experience of using this service:
People received personalised care that was exceptionally responsive to their needs. Some people had never lived in a shared care setting and a relative told us, "This was an extraordinary achievement for [family member]." There was strong sense of leadership in the service that was open and inclusive. People raised funds for local charities that supported people living in isolation.

The registered persons had focused on achieving exceptional outcomes for people and their staff. Relatives, professionals and our observations confirmed staff provided exceptional care. A relative summed this up by saying, "We remain delighted at the level of care my [relative] receives at Kirk House."

We found robust systems, processes and practices were followed and sustained effectively to safeguard people from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were supported creatively to live healthier lives by having on-going support to access suitable healthcare services.

Care staff understood the importance of promoting equality and diversity by supporting people to make choices about their lives. People who used the service were treated with compassion and kindness and their privacy and dignity respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and live data recording systems in the service supported this practice. People and their representatives had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. One person and family

members confirmed staff always asked for consent when carrying out care and support tasks. Confidential information was kept private.

Safe recruitment practices were followed. People were supported by a small team of staff that fully understood their needs. Medicine records reviewed confirmed people received these safely. People lived in an environment that was clean and free from the risk of the spread of infection.

Staff received a thorough induction process and had completed all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to access further training and development opportunities in addition to their mandatory training. Staff were given the support and opportunities to progress within the organisation. People and relatives benefited from a robust data management recording framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The provider had flexible ways of encouraging regular feedback from people who used the service, relatives, care staff and professionals. Views were gathered through annual surveys, telephone conversations, regular face to face meetings, house (residents) meetings and at staff team meetings. One complaint had been received in the last 12 months and this was responded to appropriately. People were introduced to lay advocates if necessary.

Comprehensive quality checks were available in real time as the provider had a bespoke live data recording system which could review all records and incidents instantly. This made sure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Excellent team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service.

The registered persons worked in partnership with other agencies and stakeholders like Skills for Care to support the development of joined-up care. More information is available in the full report.

Rating at last inspection:
Good (report published 14 December 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection when we rated the service as good overall. At this inspection there had been further improvements which resulted in the service being rated outstanding overall.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well led. Details are in our Well Led findings below.	**Outstanding** ☆

Kirk House

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was completed by one inspector.

Service and service type:
Kirk House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection took place on 7 and 13 November 2019 and was announced. We gave the service 72 hours' notice of the inspection because some of the people using it could not consent to the home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

On 8 and 14 November 2019 we contacted relatives, health and social care professionals to gather their feedback about the service.

What we did:
We used information we held about the service which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this over 12 months

previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. People were unable to talk with us so we observed interactions between people and staff. We contacted eight relatives to gain their feedback on the quality of care. We contacted Healthwatch which is independent consumer champion that gathers and represents the views of the public about health and social care services in England. Additionally, we spoke with health and social care professionals the service had worked with over the last year.

We spoke with four support workers, a positive behaviour support partner [support people to reduce periods of anxiety], the assistant manager, the registered manager, the health and wellbeing manager, the positive behaviour manager, two registered managers and three area managers. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

We used the Short Observational Framework for Inspection (SOFI) when we visited people in their home. SOFI is a way of observing care to help us to understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
●People and their representatives were involved in developing a comprehensive and innovative approach to safeguarding, which enabled positive risk-taking to maximise their control over their lives, but at the same time staying safe.
●People were supported safely by staff that were well-trained in safeguarding people in the home and when out in the community.
●Staff developed positive and trusting relationships with people that helped to keep them safe and staff had the time they needed to do so and knew how to report abuse.
●People and relatives were involved in decisions about their safety to the maximum possible extent and their wishes were respected. The service did this by working with people and their supporters using innovative ways to understand their wishes.

Assessing risk, safety monitoring and management
●People's had comprehensive risk assessments in place. When people's behaviours fluctuated the provider's live data management system allowed real time analysis and planning of staff resources and tailored activities to reduce people's anxiety. This allowed staff numbers to be changed at short notice due to people's changing needs and the registered manager always had additional staff available if required.
●People were enabled to take positive risks to maximise their control over their care and support. They were also actively involved in managing their own risks along with their carers'.
●The provider had created a comprehensive person centred 'safety management system', which took into account current best practice models. Any changes in risks such as pressure care, safe continence, nutrition and hydration were instantly reviewed and appropriate changes made to meet people's needs.
●The service actively sought out new technology and other solutions to make sure that people live with as few restrictions as possible.
●The safety management system enabled a thorough analysis and investigation of things when they went wrong.
●The service proactively engaged with people and other organisations to assess and minimise risks to the environment, premises and equipment to maximise people's autonomy and independence.

Staffing and recruitment
●Whenever possible, people were actively involved in decisions about the staff who provided their care and support, for example in relation to recruiting or choosing the staff who will work with them.

●There were always enough competent staff on duty. Staff had the right mix of skills to make sure that their practice was safe and could respond to unforeseen events. The service regularly reviewed staffing levels and adapted them to people's changing needs.
●Staff told us that they have been provided with excellent training and ongoing support to support people to stay safe and empower them to take appropriate risks.
●The service deals with issues of poor performance immediately and ensures staff are supported to improve.

Using medicines safely
●Medicines were ordered, stored, administered and disposed of safely.
●Electronic medicine administration records (MAR) were completed effectively when supporting people to take their medicines. This enabled team leaders and management to constantly track people's medicines to identify any errors or concerns.
●When people required medicines that were as and when required these had been administered and recorded correctly.

Preventing and controlling infection
●Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
●PPE [personal protective equipment] was available for staff to reduce the risk of infection. Infection control audits were completed regularly.
●Staff supported people to keep their home and personal space clean and tidy.

Learning lessons when things go wrong
●When things went wrong, relatives were invited to attend the service to discuss how improvements could be made and they spoke positively about their involvement and how it had a positive impact on their loved on.
●The data management system was accessed by all staff and management. It gave real time analysis and information that could be broken down to share learning from incidents with people and staff.
●Regular team meetings with management and staff took place to analyse and review people's safety. Examples included keeping people safe when they experienced periods of anxiety and when people accessed their local community.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●New evidence-based techniques and technologies had been developed by the provider to support the delivery of high-quality care and support. The system enabled care plans to be reviewed continuously using key personalised indicators such as people's varying behaviours, people's individual sleep patterns or schedules of activities including any appointments. A recent compliment sent stated, 'Thank you very much for your time at [relative's] review meeting today. We thought the meeting was very positive and we are very pleased with the progress [relative] is making and the commitment by all staff concerned with [relative's] care and development. The presentation was excellent and it was great to see [relative] on the 'big screen'.'

●People's needs were fully met. Comprehensive needs assessments were completed prior to a person moving in with taster days planned to assess if the home was suitable for them and the people already living there. When people moved in a detailed care planning process was completed with people and their representatives. Care plans were very detailed, and staff had in-depth knowledge of people's needs. Various tools were used to support effective care such as MUST [Malnutrition Universal Screening Tool].

●People's protected characteristics under the Equality Act were identified during their pre-assessments and care plans put in place to show how these were to be met. For example, if a person wanted only male or female carers this was documented. Where this was difficult to assess, people's representatives were involved and decisions made in the person's best interest.□□□□□□

●People lived in a large home. Any negative effect of this to people was mitigated by physically subdividing the home and operating as four separate services with four staff teams operating individual rotas, each team focusing on an individual, or a compatible small group of individuals. □□ □

Staff skills, knowledge and experience□□□□□□□

●Staff completed a thorough induction and training programme before starting work. Staff had excellent knowledge about people needs. Staff were highly skilled and very well trained. They had the right knowledge, qualifications and experience to support people learning disabilities and/or autism. All training was aligned to the live data management system which recommended tailored training programmes to meet people's changing needs. □□□□□

●Training programmes included subjects that were based on people's individual needs and care plans. The provider had their own inhouse training team that could offer specialised training. Examples included training in behaviour management, epilepsy and specialist support with nutrition. We witnessed staff calm and reassure people when they became anxious.

Supporting people to eat and drink enough with choice in a balanced diet

●There was a strong emphasis and value on the importance of eating and drinking well by making sure people had a positive, inclusive and sensory experience at mealtimes. People were supported to enjoy their meals. Staff enabled people through visual and sensory prompts like touch and smell to help them chose the foods they wanted to eat.

●Staff made sure where people needed nutrition through a PEG [Percutaneous Endoscopic Gastrostomy] tube, that this was offered effectively. We observed that people who required PEG were supported to have their meal in the dining room with others at key mealtimes to promote an enjoyable and shared experience. People were also able to eat in the privacy of their room if they chose to.

●Where people needed support with meal preparation this information was clearly detailed in their care plan and their personalised communication aids that some people used to express their wishes.

●Details of people's food, fluid and weight monitoring were recorded and reviewed regularly. When required people received the required support of external health professionals such as speech and language therapists [SALT] to make sure people could enjoy mealtimes safely.

Staff providing consistent, effective, timely care

●People's records included very detailed information about each person's health needs and guidance for staff to show how these were met and affected their daily lives. Each person had a hospital passport which included information about their past medical history and the level of support they required. Staff worked flexibly to be able to support people when admitted to hospital and were committed to consistency of care. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's health. A relative said, "The team is proactive about liaising with the GP and other medical specialists. My [relative's] condition is carefully monitored and when they were hospitalised, the team altered shift patterns to volunteer for the extra help required to visit my [relative] in hospital."

●Links with health and social care services were excellent. Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice.

●The service employed a specialist learning disability nurse who supported people maintain good health and wellbeing. When referrals were made to external health professionals the nurse would be available to support the person, if required, at these appointments. Records checked confirmed detailed documentation from health and social care professionals were available in people's care files.

Adapting service, design, decoration to meet people's needs

●People had their own bedrooms and were encouraged to decorate and arrange it as they wished.

●Any negative impact of people living in a large home was mitigated by physically subdividing the home and operating as four separate services. Four staff teams operating individual rotas, each team focusing on an individual, or a compatible small group of individuals.

●Communal areas were decorated tastefully and there was adequate communal areas for people to access.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans reviewed showed that DoLS had been applied for and agreed where this was required.
- The service actively sought and used new technology to create solutions to make sure people lived with as few restrictions as possible. People that required epilepsy sensors in their rooms had this and staff carried small handheld devices that would alert them if a person was having a seizure. There were sensors in place inside and outside of the house to reduce the risk of people leaving the home alone. Restrictions to keep people safe were reviewed regularly with people, their relatives and appropriate professionals to make sure these were effective and in people's best interests.
- People's care assessments clearly included information about their capacity to make decisions and any best interest decisions made involved the appropriate people. For example, people who lacked mental capacity about their medicines had clear details in their care plans showing best interest decisions were in place.
- All staff had been fully trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this impacted on people's daily lives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.
This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported□□□□□□
●People were supported and treated with dignity and respect; and involved as partners in their care. A relative told us, "We remain delighted at the level of care [family member] receives at Kirk House."
When people were admitted to hospital staff continued to visit and offer support around the clock. A relative said, "I feel the staff go beyond the call of duty on occasions. Twice this year [relative] has been in hospital and the staff supported [relative] day and night often staying way beyond their shift times and always with a smile on their faces! I was so grateful after the first occasion that I felt compelled to write to Head Office to tell them how happy we were with all the staff."
●Staff were carefully matched with people to make sure they had similar hobbies and interests as the people they supported. One relative said, "One of my [relative's] key workers made a beautiful sensory blanket and sensory book for [relative]. Quite a lot of it done in her own time."
●Staff were fully committed to supporting people live an active and varied life with opportunities to create positive memories. During our inspection staff were extremely caring and thoughtful when supporting people and involving people in daily tasks. We saw photographs in communal areas and in people's bedrooms of people celebrating special occasions such as birthdays and festive occasions with their families. Where people had no family, staff made every effort to make sure people felt special during birthdays celebrations and festive occasions.
●The service anticipated people's needs and recognised distress and discomfort at the earliest stage. The care planning recording system constantly analysed trends and gave recommendations through changes in; timings of activities, nutrition, personal care routines and planned viewing of favourite DVD/TV programmes. Evidence reviewed following these recommendations showed a decrease in periods of anxiety and distress which helped to reassure and comfort people in their daily lives.
●Staff gave us examples of how they had provided support to meet the diverse needs of people. Relatives told us their family members' individual needs were always respected and met. An example being people were able to choose their staff which included whether they preferred male or female staff to support them.
●Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. The office where confidential information was kept locked when not in use.

Supporting people to express their views and be involved in making decisions about their care □
●People's care records showed they were regularly reviewed, and people were central to discussions about how they wished to receive their care and support. When agreed reviews also involved family or people's

representatives.□□□□□□□

●People regularly met with their keyworker [dedicated worker] when they wanted and at monthly 'my say' meetings to focus on what had been outcomes had been achieved and what to plan for in the coming months. □□

●Staff used a variety of personalised tools to communicate with people according to their needs. Care plans clearly described how people were given information in a way they could understand and the level of support they required with their communication needs. □□

●We met with some people who communicated with some Makaton [basic sign language], picture cards and personalised communication aids. We observed people and staff communicate very effectively with one another using these aids to make sure people received information about their care and support in an accessible way.

Respecting and promoting people's privacy, dignity and independence□

●An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. At one person's previous placement they were not supported to engage as part of the community. Since joining the service this individual had been supported to explore and engage in activities that promote their independence and wellbeing. Staff told us, "Risk is not a barrier to [name] being able to live the life they want to live, as long as it's supported effectively." An example being when a person travelled in a vehicle more staff were needed to keep the person and staff safe and staff wore jackets that were specially tailored to
protect them from any risk of harm. The jackets looked no different to standard high street jackets which were discreet but effective.

●Care staff understood the importance of promoting equality and diversity at the service. Staff assisted people to keep in touch with their relatives and friends by telephone, planning family visits and during regular social events. A relative said they were, "Always included and kept up to date as parents, although we visit weekly we feel fully involved in our [relative's] life when not there."

●The service was aware of advocacy and correspondence was seen in people's care files for people to access local independent advocacy services. □

●Staff gave us examples of how they had provided support to meet the diverse needs of people. Relatives told us their family members' individual needs were always respected and met. An example included where a person's [relative] was in another care setting and arrangements were made by the service so both could spend time together to maintain their relationship. The most recent meeting included a meal out and a trip to a garden centre.

●Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
●Activities were exceptionally person centred. One relative told us, "There's lots of activities such as music, pampering, baking and crafts are carried out within the home. Others such as swimming, discos, shopping trips and visits to the seaside and local attractions are outings for [name]." □□□
●People successfully used a variety of tools to help them understand and personalise their activities. One person used a T.E.A.C.C.H schedule (Teach, Expanding, Appreciating, Collaborating and Holistic programme for people living with autism) to sequence and plan their day. This enabled the person to understand and structure their schedule in a way that achieved positive outcomes. Using this system gave the person the required structure needed to reduce the incidents that may cause periods of anxiety. A relative told us their loved one used T.E.A.C.C.H and said, "Using this approach to support [relative] in understanding the events within their Dentist appointment has led to [relative] successfully completing a dental procedure (a filling) without the need of general anaesthesia. This was an extraordinary achievement for our [relative] and also for the team in charge of [their] care and solidifies our pledge to the S.T.O.M.P [Stop Over Medicating People] initiative." The family sent written compliments to the service acknowledging the key role they played in making this happen.
●The care planning recording system constantly analysed trends and gave recommendations through changes in; timings of activities, nutrition, personal care routines and planned viewing of favourite DVD/TV programmes.
●Families spoke positively about the transition their loved one had made since moving to the service. A relative said, "We were quite worried that [relative] would be living on their own [without family] and would be isolated. We have been very impressed by the care our [relative] is receiving at Kirk House. [Relative] goes into the community quite a lot and has diverse range of activities, from wall climbing to bowling, trampolining, swimming and park walking." The same relative went on to say, "We wanted [relative] to come back home every fortnight and Kirk House supported us in our decision and agreed to drive our [relative] home."
●Staff supported people collaboratively to innovate and express their views and wishes. People had limited verbal communication and at times became anxious resulting in behaviour that posed a risk to them or others. Focused support from the provider's positive behaviour support team enabled people to create personalised communication cards (PECS), gestures and signs which were used to promote people's independence and to reduce periods of anxiety.□□□□
●Staff and the positive behaviour support team supported people to access a variety of sensory experiences. This ranged from an accessible sensory zone, art and craft room, listening to music and having

a dance, massage and relaxation in the privacy of people's own rooms, to people accessing local gardens and parks. We observed people relax and thoroughly enjoy these varied sensory and stimulating experiences. When people experienced periods of anxiety these personalised sensory activities helped reassure people.

●People were able to access a varied range of personalised activities. After lunch we observed one person contently dancing in their wheelchair to music in the kitchen with sensory disco lights all around. In other areas we observed a person receiving one to one support with reading a book. Another person in the privacy of their room was having a foot spa session and foot massage which included a lot of bubbles and laughs. The staff member supporting made sure the person was central to choosing everything about the activity; preferences of music, fragrances used and sensory stimulus. From our observations it was clear that a trusting, respectful and responsive experience was enjoyed by both staff and people using the service.

●There were a variety of outdoor activities available for people to access. An owner of a local horse-riding school told us, "It's great to see the Individuals who they [Kirk House] support to be able to come out and enjoy engaging in horse riding and interacting with the horses. It's really nice to see their skills develop and to have the opportunity to learn and do things at their own pace. It's great to see them enjoying themselves."

●All the staff were very committed and passionate about their work at Kirk House. A relative confirmed this and said, "All the staff we have met are very committed to their work and all seem to love working at Kirk House."

Improving care quality in response to complaints or concerns□

●People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people who displayed behaviours which may pose a risk.

●People using the service were able to express their concerns. Family, friends and other carers felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. No complaints had been received in the previous 12 months.

●Those using the service and their representatives were involved in regular one to one feedback reviews or group house meetings to share how the service can make improvements. The service demonstrated where improvements had been made as a result of learning from reviews and feedback.□Examples included planning for people to visit their families when they did not live nearby.

●Everyone had access to a personalised complaint guide explaining how people could make a complaint.

End of life care and support

●No one was receiving end of life care at the time of inspection. People using the service were young adults with a learning disability and/or autism and were not able to express their end of life wishes. Family members or advocates were involved to make best interest decisions on their behalf and this information was available in people's care plans.

●The provider had a comprehensive end of life care policy which gave clear guidance to staff from best practice guidance from NICE, Gold Standards Framework and specific guidance from NHS England regarding end of life care for people with learning disabilities. This meant staff would be prepared should a person require end of life care.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider held an Investors in People (IIP) Gold award. IIP is an international standard which provides a structure for developing and sustaining a well led organisation and a motivated workforce. They were working towards the platinum award and developing ways in which they could share best practice with other care and support providers.
- Supporting the local community was important to the service. People and staff were actively involved in raising money for a local charity. Money was raised by collecting sponsors and for each person to 'Move' for one mile in whichever method was preferable. For some this was racing around the track at the summer BBQ and for others this was walking in the community a little and often. A charity rounders match had also been played to raise money for the same charity which supported people who experienced social isolation.
- People had the opportunity to complete surveys and participate in 'Our Voice' meetings. These meetings were usually held just prior to senior staff meetings which meant any issues raised could be addressed straight away. One example of an outcome from Our Voice feedback was the development of 'My Say' meetings. It was identified that some people did not like to join in wider group meetings so individual, bespoke meetings were offered so that everyone had an opportunity to share their views in the way they preferred.
- The registered provider worked with an external agency to collect staff feedback on a regular basis. This process was part of a staff development programme known as 'Aspire'. Staff were contacted at the end of their induction so they were able to share their experiences. They were then contacted on a regular basis to share their views. The registered provider received anonymised summary information from the external agency which they used as part of their continuous quality improvement processes.
- People had access to the organisation's quarterly newsletter. The format was accessible for all and relatives commented they really enjoyed the newsletter, because they were able to see what activities their loved ones had taken part in.

Continuous learning and improving care

- The provider had been working in partnership with Skills for Care (Skills for Care helps create a well-led, skilled and valued adult social care workforce) to share their use of technology to innovate in social care. Graduate management placements were offered by the provider and placements focused on projects linked to innovation and assistive technology. A representative from Skills for Care told us, "I have been extremely

impressed with this organisation for their drive and passion to commit to high quality care. Their Directors are passionate and so are the senior managers I have spoken to. Skills for Care run a Graduate Management programme in partnership with NHS Leadership Academy, and supported by DHSC (Department of Health and Social Care), our programme fast-tracks graduates towards leadership roles within innovative health and social care settings."

●Feedback from graduates on placements with the provider were extremely positive and the Skills for Care representative told us, "I have just had a meeting with one of the graduates who has said that the graduate experience so far has been fabulous, a great induction with the organisation and as a graduate from a psychology degree the graduate is working on an innovative assessment process to support personalised activities and support plans for individuals with sensory processing disorder. The graduate was so passionate and inspired by her placement."

●An external health consultant worked with the provider to keep staff up to date on clinical guidance in specialist care. They told us, "I have attended multiple visits to Kirk house over the past year. I am always introduced to the relevant member of staff when I visit, the knowledge base of the staff I speak to is fantastic, they show a real interest in the individuals they care for, they are not afraid to ask who I am when I visit, they are not afraid to ask why I am there and ask questions if they don't understand what I am discussing with them."

●As the registered provider's computer system was centralised and recorded data in real time, this meant that learning could be shared quickly across the service and wider organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●Relatives said the service was exceptional and distinctive compared to other services their loved ones had tried. The vision and values were imaginative and people were truly at the heart of the service. A relative said, "We chose Kirk House after much careful thought. They are a very professional and caring company and the founders can fully empathise with parents and carers of people living with disabilities of all kinds. They have passed this on to all those who work within the organisation. This is what sets them apart from the many providers we have come across."

●The service was recognised as having an exceptional and inclusive approach to promoting the safety of its staff, and was seen as a good place to work by staff and external organisations.

●There was a strong organisational commitment and effective action towards ensuring staff were fully supported to progress their way up through the organisation. We spoke with staff who confirmed they had started as carers and had moved up into more senior roles. There were high levels of satisfaction across all staff groups. A relative said, " We remain very pleased that we chose HFHC as a home for our precious [relative]." Another relative said, "We [parents] both get the impression when talking to the staff that they get quite a lot back from looking after [family member] judging by their enthusiasm when telling us what they've been doing with [family member] and their responses etc. In other words they [staff] seem to get pleasure from the care they give and don't see it just as a job!"

●The provider had a clear, person-centred vision and values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. Managers and leaders monitored practice against these values and worked closely with the Clinical Commissioning Group (CCG) and local authorities to achieve positive and sustained outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The registered provider had embedded organisational approaches known as 'One Team' working and the new live data management system. This allowed the registered manager and other senior managers to quickly identify any issues arising, for example, any trends in accidents or incidents, health and well being

issues or gaps in staff rotas.

●The systems also enabled care and support to be provided in a holistic and personalised way. For example, the positive behaviour support team would be able to identify if people's support plans needed to be reviewed based on the real time information, rather than waiting for information to be shared with them by staff in the home.

●Management functions such as developing staff rotas, staff recruitment and training and quality assurance audits were robust and carried out by way of the central operating systems. This meant that the registered manager had a wide-ranging support network and had more time to focus on supporting the staff team to deliver high quality, personalised care for the people who lived there.