

Kingdom Youth Services Limited

# Kingdom Youth Services, Supported Living

## Inspection report

57 Pure Offices  
Kembrey Park  
Swindon  
SN2 8BW

Date of inspection visit:  
13 February 2023

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24 March 2023

### 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

Kingdom Youth Services is a supported living service offering care and support to people in individual homes. The service supports adults with a learning disability, autistic people and people with other support needs including mental health or physical disability. At the time of the inspection 3 people were being supported with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Three people were being supported with personal care at the time of our inspection.

### People's experience of using this service and what we found

It was noted during the inspection that the service was exceptionally person-centered and well led. People were treated as true individuals with the service striving to find out each person's full potential and exploring ways to ensure these could be achieved. Staff were highly motivated by a supportive and skilled management team to perform to their very best. Staff spoke overwhelmingly positively about how much they enjoyed their job and what a great organisation Kingdom Youth Service was. This resulted in positive outcomes for people in many areas of their lives including less anxiety and opportunities to be engaged in meaningful and interesting education, employment and activities. The provider focused on ensuring people had small, but effective regular teams of staff focusing on providing the best individualised care. We received consistent, positive feedback from people, relatives, staff and external professionals about the service. People were fully involved in decisions about their care. For example, having an opportunity to deliver their own positive behaviour support plan to staff.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People were provided with the support to live their lives in their chosen way, free from discrimination. This meant people were encouraged to live their life to the full and were supported to follow and pursue activities and education that were important to them. This included embracing new challenges and striving for success.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People lived in their own homes and staff supported them to make their own choices, including being part of selecting their own support team. Staff focused on people's strengths and on what they could do to ensure they led a fulfilling and meaningful everyday life. Staff promoted people's independence and supported their access to the local community.

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 systems in the service supported this practice.

#### Right care:

People received kind and compassionate care and were supported in a person-centred way. People lived in their own homes and staff respected their privacy and dignity. Staff understood how to protect people from poor care and abuse and worked well with other agencies to achieve this. People's care, treatment and support plans reflected their range of needs and this promoted their health, mental wellbeing and enjoyment of life.

#### Right Culture:

Kingdom Youth Services had a commitment to provide an inclusive, open and choice culture, supporting each individual to live their best life and achieve the positive outcomes they aspired to. They understood the importance of employing the right staff and providing the appropriate training, so they had the right knowledge and skills to provide the level of care and support required to meet the needs of each individual.

The leadership team and staff showed commitment and respect to those whom they supported. People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible and in the least restrictive way. Staff told us how the needs and views of those whom they supported were paramount and must be respected at all times. The provider ensured risks of a closed culture were minimised and people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 4 January 2022 and this is the first inspection.

#### Why we inspected

This inspection was a planned inspection following registration.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Kingdom Youth Services, Supported Living

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since they had registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed records and documents at the service location. We had a video call with one person who used the service about their experience of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including feedback from people's relatives. We reviewed 3 people's health and care records, as well as communications from healthcare professionals. We looked at 3 staff files in relation to recruitment, training and staff supervision. A wide variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and a variety of other documents requested by the inspector. We spoke with 1 relative. We received feedback from 13 care staff. We also received feedback from 4 health and social care professionals who had frequent contact with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems, procedures and policies were in place to safeguard people appropriately.
- Staff had completed safeguarding training and understood their responsibilities. Staff understood what to do if they had any concerns about safety and were confident concerns would be dealt with properly.

Comments included, "If I feel like someone is in immediate danger, I will contact the correct emergency services. If I have concerns about the individual I am supporting, I would reassure them and ask open questions, record the information given, inform them that information will have to be passed on to the safeguarding lead and other relevant professionals if needed as this will help get the right support going forward" and "In regard to safeguarding, we have our safeguarding lead on which we go through straight away and this will be investigated. As part of it we have to fill in incidents forms as an evidence reporting and documentation. Then this will be notified to the safeguarding team, as well as CQC."

- Safeguarding records were appropriately completed and showed the registered manager alerted the local authority safeguarding team and CQC promptly of safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify, assess and reduce risks to people. Comprehensive risk assessments were in place and tailored to each person and their individual needs. They were reviewed regularly and included guidance for staff on how to provide safe care to reduce the risk of harm or injury whilst respecting people's freedom and independence.
- Where people were supported to access the community, their risk assessments included any restrictions in place on the person and required safe staffing levels.
- Staff demonstrated a good understanding of risks to people and how to manage them safely so that people were provided with safe care. Staff confirmed they were kept up to date with changes to people's care including any new risks. Comments included, "I have been given up to date care plans and risks assessments which are located on [electronic care record] or on the shared drive" and "If there is a new risk assessment that has been put in place, a new support plan or amendment to care plans, emails would be sent across to all staff to advise what changes and a read and sign interaction on [electronic care record] to be signed by staff."
- The service was skilled at supporting people when they became distressed and could become agitated as a result of their anxieties. The registered manager was an accredited trainer in Non-Abusive Psychological and Physical Intervention (NAPPI) which is compliant with the Restraint Reduction Network (RRN). The aim is for staff to focus on psychological support based on people's 'green scale' which details what makes them relaxed and is meaningful to their lives. Staff understood that all behaviour was communication, and the importance of understanding this to ensure people felt supported and happy. Staff confirmed they had received this training and understood how to implement the de-escalation techniques and knew that

physical intervention was a last resort. Staff commented, "I have completed NAPPI training but have only used the de-escalation techniques and not restraints" and "I am happy to say that I've never had to use restraint. I've been very lucky in being able to talk [people] back to baseline. I have attended 2 NAPPI courses."

#### Staffing and recruitment

- There were sufficient staff to support people. Staff were carefully matched to people's individual needs and personalities.
- The service followed safe recruitment practices and had conducted the relevant checks before staff began to support people.

#### Using medicines safely

- Staff had received appropriate training and their knowledge around administering medicines was regularly checked. Staff told us they felt confident to support people with their medicines.
- People were encouraged to be independent with their medicines where appropriate. There were clearly documented person-centred plans and accompanying risk assessments in place to support this.
- Where people were fully supported by staff, we saw that medicine administration records were appropriately completed without any gaps or errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

#### Preventing and controlling infection

- Members of the leadership team were part of the infection control network and attended regular meetings and training to discuss current topics, issues and guidance. The deputy manager, who is an ex-registered nurse is the Infection, Prevention and Control Champion/Lead.
- The service was compliant with the NHS capacity tracker and ensured regular attendance on Swindon Provider forums, with public health representation with relevant information, guidance and practice.
- The service was part of the Personal Protective Equipment (PPE) portal. This ensured the service had appropriate amounts of PPE. All staff were offered Level 2 and 3 infection, prevention and control qualifications.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and thoroughly investigated, often with healthcare professionals involved in people's care. There was an open culture around reporting incidents and near misses, and actions were implemented in response to these.
- Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.
- Following any accident or incident a debriefing always took place between staff and management. This could be a face to face meeting or a telephone call. A member of staff commented, "After any incidents or accidents have occurred a debriefing and follow up call is always carried out by management and discussion around what could be done differently or be changed for any future events."



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes, and people's needs were comprehensively assessed prior to admission. Some new placements took many months of planning with multi-disciplinary team's local authorities and family members before it was agreed that their needs could be met, and the person moved to the service.
- People's care and support needs were regularly reviewed to ensure care plans were up to date and were still relevant. Family members and professionals were also engaged in these reviews.
- People's homes were within local communities with good transport links, including buses, trains and roads/motorways. There were many facilities and amenities including clubs, social groups, advocacy groups and activities such as, but not limited to, swimming, ice skating, trampolining, farms, county parks, cinemas restaurants, tennis, and football.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around each person, and all staff completed mandatory training as well as additional training which was relevant to people's specific needs. Staff also had regular supervision meetings and appraisals. These meetings provided staff with an opportunity to discuss their wellbeing, outcomes, targets and training needs. One staff member said, "I have had specific training for specific individuals to provide quality care for every individual I support."
- Staff had a thorough and supportive induction when they started working at the service. A member of staff said, "I had an induction initially and worked shadow shifts with an experienced staff member prior to lone working. I asked many relevant questions throughout these shadow shifts. I enrolled on an online learning programme and each module concludes with an assessment of knowledge. In addition, I hold a [qualification] from my previous post, so I already had an underpinning knowledge of the role. I also have many stand-alone qualifications in topics relevant to social care. Upon satisfactory completion of the 6-month probation period there are opportunities to enrol on diploma courses graded at the level relevant to role."
- A member of staff from a local authority commented, "The staff have all relevant training and have identified further training as appropriate" and "Any suggestions that have been made regarding training and / or equipment needed to keep the young person safe has been followed up."

Supporting people to eat and drink enough to maintain a balanced diet

- People were engaged with planning, preparing and cooking their own meals, whilst promoting healthy eating. For example, one person did their own checks such as ensuring food was in date and helps with washing up which they had not done previous to being supported by the service.

- People were supported individually depending on their choice. For example, one person liked menu planning and shopping to this, checking prices and comparing. They enjoyed cooking fresh food each day. Another person did not want to menu plan and needed to shop in short bursts. People were encouraged to be healthy. One person had joined a gym and another one enjoyed dancing to help with their weight management.
- People had easy read booklets about food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service used an integrated approach and had built good links with health and social care colleagues. People were supported to have the right referrals to the right team for any requirements to ensure individuals were registered with appropriate health services to keep healthy, both physically and in their mental well-being. When required the service used a multi-disciplinary team approach to plan and prepare for health service treatments.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- The provider and staff understood their responsibilities under the MCA and worked within it. A member of staff said, "The individuals we support are always supported in the way they want to be, they tell us how they like to be supported and are included in the support plan process, so we are sure that we are person centred. We must always assume that someone has capacity until it is proven otherwise. I have completed e-learning on mental capacity."
- Due to the complex needs of some of the people at the service, there were restrictions placed on their liberty. Where people lacked capacity, decisions were made in line with legal requirements and in people's best interests. Professionals, court and relatives were involved where appropriate and least restrictive practices were adapted. A social care professional commented, "[Registered manager] of Kingdom Youth Service has a very good understanding of issues around mental capacity and DOLs. I have been able to work closely with the service to ensure that we are working with the young person with her consent and that any restrictions in place are with her consent. Least restrictive options are always considered by the placement and there is a good understanding of the need to respect the young person's right to make choices, whether or not considered to be wise."
- Staff were trained in use of an accredited management of behaviours intervention technique. Staff told us the training they received gave them confidence to engage with people to de-escalate and divert behaviours in order to make a situation safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were well supported and cared for. Staff had the time to get to know people well. Comments included, "I feel the duration given to both support staff and individuals creates more time to bond friendships. The training that is provided gives staff the confidence in their job role and also to provide quality care for the individual we support. Due to the person-centered approach by management to support workers, the support workers are also able to use compassionate, empathy and person-centered approach towards the individuals we support. If support workers feel there isn't enough time to provide quality care, management are informed, and management will challenge it with the local authority."
- People were supported to express their views and aspirations which staff listened to and where possible actioned, so that people could live the life they desired. A member of staff said, "I always speak to the [person] about their care. We sit down and I help give them options. Ultimately, they decide, and I feel this helps them in so many ways. For example, a young person was going to [event] but hates being stuck in a car. So, we sat down looked at other options one being a train. The young person helped plan the whole day and said they thought it was a great adventure. They even phoned family telling them they planned it and it was great."
- People's relationships and friendships were respected, with visitors welcome to their homes, and accessing resources and local social activities.
- The service promoted the 9 principles of the Reach Standards. The Reach Standards are a set of voluntary standards created by Paradigm (a development and training organisation) to ensure people are supported to live the life they choose – with the same choices, rights and responsibilities as other citizens

Respecting and promoting people's privacy, dignity and independence

- The service was committed to promoting people's independence, in a manner that enhanced their self-esteem and helped them to live a life of their choosing as far as possible. The level of person-centered detail in people's care records confirmed this.
- Staff encouraged people's independence and took proactive actions to enable their independence. One staff member said, "When supporting individuals, I let them do things by themselves if they request and are confident. I ensure that sensitive conversations are held in private spaces. I only record and access necessary and relevant information about individuals. When supporting individuals, I maintain personal space, boundary and confidentiality. I maintain dignity when supporting individuals to use the toilet, have a shower, get dressed."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 ensure people have choice and control and to meet their needs and preferences

- The provider ensured that people had exceptionally personalised services. Support focused on people's quality of life outcomes which were regularly monitored and adapted in line with the person's choices. The service used a strength-based approach, focusing on skills and what the individual was good at and enjoyed doing. This was achieved with goal planning, praise and improving self-esteem through achievements.
- People were consulted and had a say and choice of who they lived with. A full matching, meeting, transition and review process took place to ensure each person was happy in their own home. There were initial meetings with each individual to discuss home dynamics, community meetings, meetings at the home, tea visits, overnight stays, preplacement and reviews.
- Management and staff had an excellent understanding of people's individual needs relating to their protected equality characteristics, which influenced how they wanted to receive care, treatment and support.
- People were involved in development of their support. For example, one person identified as non-binary and had experience of having a positive behaviour plan (PBS) but had never been asked to have input. The person was supported to see what they wanted to take ownership of. This ensured that staff understood the correct preferences and pronouns of the individual. They were encouraged to say what was important to them and how they wished to be identified, not only through gender but also through characteristics and presentations. The person recognised the efforts that staff were going to in ensuring they did not refer to the individual using the wrong pronouns, and commented, 'I don't feel angry when someone makes a mistake as I appreciate that they try hard'. Prior to the bespoke training of the person's positive behaviour support plan to staff, the registered manager spoke to the person to ensure they were aware of what the team was being trained in and they were asked for their input. It was at this point that the individual was really able to open up about what certain behaviours meant and what they may be trying to communicate. We saw feedback about how much the person had progressed by being supported in the way they needed. They were engaged in education again and family relationships were vastly improved.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People were encouraged to seek opportunities linked to employment possibilities. This included both increasing their learning and having the chance to do work experience and voluntary work. For example, one person had a specific interest and attended learning in respect of their interest in computers. However, they were unable to add courses to learn additional skills. The provider contacted an organisation who repurpose technology. This enabled the person to completely take apart and rebuild items such as laptops. The provider purchased the rebuilt items for internal use to support the good work they do. This has given the person great purpose and skills, and they continue to pursue this

interest with full support to it becoming a potential job in the future. The person really enjoyed learning new skills and saw the benefit of it when the provider purchased the rebuilt item for use in the service.

- The provider invested heavily in helping people achieve their goals, wishes and aspirations. One person's access to animals was restricted due to risks they may present. However, they really had an interest and desire to work with animals. The provider arranged them to have work experience with animals and they had been successfully involved with many tasks needed in animal care. The person got much enjoyment and a great sense of achievement in undertaking this work.
- People's health needs were met in a way the individual chose, including home visits, supported by the people that made them feel comfortable. One person had experienced trauma in relation to a health issue and this had resulted in extreme distress at any medical intervention. However, regular blood tests were required. A meeting with health professionals was arranged to create a plan to ensure the tests could be carried out with as little distress as possible to the individual. After this a nurse visited the person's home without wearing their uniform and spent time with the person. On the second visit it was possible to carry out the test.
- Where people needed support to ensure their anxieties were reduced, the provider's in-house trainer arranged bespoke training for each person's individual needs. A functional analysis was undertaken, and bespoke training written and delivered specifically for each person supported.
- People were encouraged to undertake an independent living award relating to aspects of independent living and skills. This was devised by the local authority but adapted by the service to support all individuals during their keyworker sessions. An example of this is for the practical life and independent skills section, is during a keyworker session a practical learning takes place, whereby the keyworker will physically show the skill, then complete the task with the individual, and lastly allow the individual to complete the task independently. We heard how one person who struggled to choose weather appropriate clothing, had rearranged their wardrobe so that the current season's clothing was accessible. The staff laminated photos of clothing and the individual placed them on wardrobes and drawers so that they could visually recognise where to find clothing. This meant the person gained more independence and autonomy and less reliance on staff to prompt each time. The award also means people can be fast tracked on the local authority housing list if independent living is possible and an aspiration of individuals.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured that all individuals had the relevant available information necessary for them to have an informed, person-centred approach to their own care and support needs. When first meeting people, the staff ensured they had the relevant information, which could be from a previous provider or their support network, to support the preferred method of communication so any meetings could be adapted to accommodate these preferences.
- All communication needs were then recorded and outlined within people's care plans and supporting staff were aware of all required needs.
- Where needed, appropriate methods were used including technology, Picture Exchange Cards (PECs) and 'Now' and 'Then' boards to involve people in their care, home and community.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service worked closely with the local community to ensure individuals felt included in their neighbourhood. One person joined in events in the street they lived such as the late Queen's Jubilee joining events such as a garden party and a 'fish and chips' evening. The person was also invited to meet with Santa and ride on his cart when he was completing his community visits as part of the local Rotary club.
- A number of individuals expressed a wish to expand their social networks. Staff worked with them to understand what they would be interested in. These ranged from attending a day service to joining a 5 a side football team. One person with extreme social anxiety attended a speed dating night at the local pub. This was an opportunity for the individual to mix with likeminded people who were also seeking relationships and companionship. They met new people who they have remained in contact with.
- The service is involved in supporting both local and international charities. People in the service were encouraged to support at events as well and used initiatives to raise money for the charities of their choice. Two people recently chose an autism charity to support others who are also autistic. The fund raising has consisted of cake sales, running stalls and selling raffle tickets. This gave them the opportunity to do things for others, providing them with a sense of pride, self-esteem and achievement.

#### Improving care quality in response to complaints or concerns

- There were opportunities for people to meet up to provide feedback such as 'out of placement' meetings and reviews of goal planning, progression, and satisfaction to ensure people were happy with the service provided and have opportunities to raise concerns or complaints if they were unhappy.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Throughout the inspection, it was apparent that the service had fully embraced the recommended model of care for people with a learning disability and autistic people to ensure people achieved optimum outcomes. The service met the principles of Right culture, right care, right support. People's choice, control and independence were maximised; their privacy and dignity and human rights were respected and promoted. People were empowered to make choices about how to live their lives and who should support them. They were able to access the community, and the size, setting and design of the service was in line with current best practice.
- The organisation stated their aim was to support people within their own home, in the way they wanted, by who they wanted. They strived to support people to achieve and be part of their community and had a valued based ethos to ensure everyone felt supported and empowered. All employees shared this ethos and were passionate about supporting people to lead fulfilled lives by creating a culture of trust and partnership throughout the organisation.
- A family member commented, "The support given to [person] is better than I anticipated. They are happy, relaxed, very clean and clearly trusting of staff. The rapport between [person] and (staff name) is magical. The level of care and pre-preparation before moving in helped [person's] understanding. Any doubts I had as to whether I was doing the right thing in placing [person] before I was unable to care, have been taken away."
- Staff gave overwhelmingly positive feedback about working for the service. Comments included, "I am super proud to work for Kingdom Youth Service. It has a family culture that is amazing. The owners know all the staff that work for them and are interested in their families and I have met the owners' children. Never have I worked with such a culture before. I always feel valued and listened to especially if I have a concern about an individual. The management team are an inspiration in person centred planning whom I absolutely channel if I am in a situation where I would have to make a dynamic risk assessment" and "I feel positive and proud to work for Kingdom Youth Service due to the person-centred approach by management. I used to be a very quiet person (introvert) who would keep opinions to myself but due to management approaches I have come out of my shell to the extent that I have recently become a senior. I feel I would be able to pass on the approaches and opportunities that were given to me by management onto other support workers."
- We received feedback from a social care professional who stated, "My overall impression is of a team that seem dedicated to meeting [person's] needs. I have consistently relayed to them that these situations will test their resolve and consistency. They seem to be able to weather the difficulties they face in terms of



challenging behaviour and remain optimistic and forward looking. I have come across many placements where the staff team simply seem to list negative behaviour and lose sight of the young person inside. My impression is that they do care and do provide emotional resilience that leads to an increased sense of stability."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and management promoted innovative ways of involving people in developing high-quality, outstanding practice. One person helped the registered manager/NAPPI lead to develop their positive behaviour support plan and was then involved in delivering this to staff. The impact of the person delivering this module was far more powerful when delivered by the person as they were able to explain directly what support they needed to avoid anxiety and how to support them in the best way. The registered manager supported the person with a number of 1:1 sessions to understand and deliver the module and relate their own experience to create a bespoke delivery. The person also promoted a reflective space for staff to consider their own 'positive behaviours' and what they meant to them. The person stated they enjoyed hearing these as they were able to learn things about the team that ordinarily they may not. Feedback from learners was that it was their favourite segment of the training course. The staff are now planning on working with another person to deliver their PBS.
- A person experienced anxiety when they felt excluded from things that directly affected them. The person was given an explanation about audits that would happen in their home to ensure it was safe and to recognise issues early. The person was asked if they would be able to help staff complete the audits. The person was delighted asking if they could start that evening. The person was asked each question and then ascertained the answer/evidence as appropriate. They understood the 'actions' process and who to raise particular issues to, for example, any maintenance issues to the office manager. The person completed all audits in their home, which has supported with other learning areas such as maths, as they count their medication. The results from the person's audits were then compared with the manager's audits to ensure accuracy.
- The service involved people in staff interviews. A person that had been supported by the service, became an internal Expert by Experience for the service, to provide lived experience and support employees and individuals guidance, support and physical support. There had been media coverage about a person supported by the service who had been taken into care at a young age and supported by the service at age 17 after nearly 30 foster placements. The person was one of Kingdom's first clients and was now their first 'expert by experience', a role which they hoped other companies would take on as well. The person quoted in the press article, "I didn't settle anywhere before Kingdom. They just didn't give up on me." The person went on to say he was the perfect fit to work for the service that had helped him because he had become "an expert by experience" and loved "connecting with the young people".
- The provider had engaged with an autistic person and their registered therapy dog who visited three days a week. The provider also worked with two farms, where people undertook horse riding and animal care. As well as sourcing external facilities in the community, the team had also considered bringing in opportunities for people to learn outside of the workplace. For example, a person was interested in becoming a beauty therapist and the service had asked staff for anyone with relevant experience and skills to start working alongside people. This was to create confidence for people that may be concerned about undertaking direct work experience outside of their homes initially. We saw photographs of how the person was learning and progressing in this area.
- Staff were supported to receive information in line with their preferences. This was identified before the interview process. Successful candidates were then requested to create a one-page profile outlining how best to support them. This helped to identify where adaptations could be made as to how information was received by all staff.



- All support staff had equality and diversity training each year, to ensure they were regularly refreshed in this area. The service supported unaccompanied asylum seekers, so religious texts were provided, and bespoke support models were implemented to ensure religious beliefs and practices were supported and respected in-service, such as a signal from a service user to highlight that they were praying.
- The service had an equality and diversity champion whom people and staff could approach to have open discussions. The equality and diversity champion also arranged regular events to celebrate diversity. They had recently celebrated Black History month which included bringing food dishes and clothing from people and support staff's native countries.
- The service was well supported from multidisciplinary teams (MDT) from the learning disability health team, via the community nursing, psychiatry and other areas of the health team. The service met regularly with the MDT to share practice of what's had gone well and not so well. Documents were updated together and independently and then discussed as a team periodically, with actions shared and discussed regularly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had excellent oversight of the service. They continuously monitored the service to drive improvement and empower people using the service to be involved in their own care.
- The provider adhered to the Real Tenancy Test. This was designed to ensure people needing support who live in shared accommodation have their housing rights adhered to. This ensures the tenancy arrangement gives the person real tenancy rights and ensure the arrangements are different to a residential care service.
- Systems were in place to check the quality of service, and there was a strong framework to monitor quality performance, risks and regulatory requirements. A variety of audits and checks were carried out regularly to identify potential concerns and areas for improvement. For example, the provider's NAPPI and PBS lead/trainer was required to report training and reports to NAPPI for approval which were audited by the NAPPI quality assurance team. We received feedback from the organisation who said, "I have known [registered manager/PBS lead] for many years now in her capacity as a trainer in the NAPPI model of PBS alongside her role as a manager. Throughout the time that I have known [person] she has shown an immense passion to ensure the quality of the service she delivers/oversees is of the highest standard and that she reflects on her own practice to enable her to evaluate service delivery."
- The registered manager and staff team were clear about their roles, and the registered manager kept up to date with current guidance and legislation in a number of ways, to ensure their legal responsibilities were understood and met. There was a number of internal policies and plans, all developed to ensure people's safety and that of the staff. These included infection control, COVID pandemic contingency plan and business continuity plan.
- The provider and registered manager understood their regulatory requirements responsibilities under 'duty of candour; to be open and honest when things went wrong. The registered manager had reported incidents to CQC and other stakeholders where appropriate.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

Continuous learning and improving care

- There was a strong focus on reflection and continuous learning at all levels of the organisation.
- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. There was a progressive and positive approach which ensured staff had access to any specialist training required to support service user's unique needs.
- An external training provider provided the following feedback, "Kingdom Youth Services have exceeded

our expectations. The team at Kingdom have attended several training courses with us, with different trainers. On each occasion the trainer has specifically mentioned how impressed they were with the professionalism and passion they experienced from the Kingdom learners. When we deliver training via open courses (courses open to other services), trainers are invited to report back to me if any learners stood out from the group for positive reasons. Each time, when Kingdom staff have been on the course, it has been those staff that stood out. In this difficult climate, many learners come to training reluctantly and often exhausted. We fully understand why this is the case, and work hard to support them, but the team at Kingdom Youth Services are a joy to have on a course. They are engaged from the moment they arrive, full of enthusiasm and a willingness to learn. They speak with pride about their service and we have often fed back to the management at Kingdom, what fantastic ambassadors their team are for Kingdom Youth Services."