

National Autistic Society Kingsley House

Inspection report

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Ratings

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

Overall summary

The inspection took place on 21 and 28 January 2015 and was unannounced. The service had been first registered with the Care Quality Commission on 29 December 2014 and therefore had not been previously inspected.

Kingsley House provides accommodation with personal care for up to 19 people over the age of 18 who have a diagnosis of autism. Kingsley House is located in buildings which were previously run by the provider as Broomhayes, a specialist school for children and young people with autism. The school closed in 2014 and the buildings on the site have been, or are in the process of being, redesigned and refurbished to meet the needs of

adults with autism. Whilst the school had been operational, there had been accommodation, called Orchard House, located on the Broomhayes site. This was registered with the Care Quality Commission to provide accommodation and personal care for up to eight people in the further education sector. Orchard House had been deregistered as a location on the 29 December 2014, when Kingsley House had been registered.

People were provided accommodation in a number of separate units within the grounds of Kingsley House, some of which are self-contained. In addition to the residential accommodation, the buildings also

Summary of findings

accommodate a day centre which people living in Kingsley House use. At the time of the inspection, seven people were living at Kingsley House, all of whom had previously been residential pupils at Broomhayes.

There was a registered manager in post, who had been appointed in summer 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The décor and design of the home was not entirely appropriate for adults. Although a refurbishment programme was being undertaken, there were still aspects of the home which reflected that it had been a school. For example there was playground equipment in outdoor areas and some parts of the building still had a 'school-like' atmosphere.

The service provided to the people living at Kingsley House was delivered by knowledgeable staff who had been trained to support people with autism. Many of the staff had known the people living there for many years, when they had been students at Broomhayes. Staff recognised that they had needed to change the way they worked with people taking into account that they were adults rather than children. Although we heard occasional references to 'students', staff quickly corrected their error. We did not see any instances where staff dealt with people inappropriately.

People said they liked living at Kingsley House and found the staff kind. One person had chosen to move to other accommodation close to family, and was being supported to do this by staff accompanying them on visits to their new home.

People were able to do a wide range of activities both in the home and in the community and chose what they wanted to do each day. The service was flexible in supporting people to achieve what they wanted to do by allowing them to 'bank' hours when they would be supported by two members of staff. This enabled people to go on longer trips out when they wanted to do something special, such as a shopping trip to Exeter.

People's needs and risks were assessed and care plans were developed to support them to be as independent as possible. Daily notes reflected the care described in the care plan. Where concerns about a person were identified, staff met and discussed how they could best address them. Changes were then written up in care plans and these were communicated to staff through meetings and hand overs.

Medicines were stored, administered and recording safely. People were supported to have their health needs addressed with other health and social care professionals including their GP and dentist.

People were supported to have a healthy balanced diet which they were involved in shopping for and preparing. Staff were aware of some people's need to have support to address risks around cooking and eating and undertook appropriate measures to address these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse by staff who had been recruited safely. There were sufficient staff to support people at all times of the day and night, both in the home and when they went out.

Risk and needs assessments had been carried out and care plans developed to meet the person's needs. Where changes to a person's needs were identified, staff reviewed the assessments and plans, modifying them where necessary.

People's medicines were stored, administered and recorded using safe systems and practices. Where errors were discovered, these were dealt with appropriately.

Good



Is the service effective?

The service was not completely effective.

The design and décor of the home was not appropriate to the age of the people living there.

Staff were trained and knowledgeable about the people they worked with.

The service had applied for Deprivation of Liberty Safeguards authorisation for some of the people as they recognised that some people lacked capacity and needed to be restricted in some areas of their life. However, the staff worked to ensure that any restrictions were kept to a minimum and were in the person's best interests.

People's consent was gained before staff supported them and took into account the person's preferences. Staff communicated with people using a variety of verbal and non-verbal communication methods as some people including picture boards.

People were supported to have a healthy balanced diet which they helped to choose and prepare.

Other health and social care professionals were involved in supporting staff to provide the care for people.

Requires Improvement



Is the service caring?

The service was caring.

People who used the service said they liked the staff and they were caring. Staff were observed supporting people with kindness and patience. Staff knew the people well and recognised and responded to their moods, helping people to achieve activities of their choice as independently as possible.

Good



Summary of findings

Staff responded quickly when someone was distressed and discreetly supported them to ensure they retained their privacy and dignity.

Family and friends were encouraged to visit and staff supported people to maintain contact with their relatives in between visits.

Is the service responsive?

The service was responsive.

People had risk and needs assessments in place and care plans had been developed to address these needs. Assessments and care plans were reviewed regularly and also amended if a new concern was identified.

Daily notes showed that staff delivered care according to the plans.

People were able to take part in activities both on their own and as a group. Activities were chosen by people according to their preferences and people were supported to undertake activities both within the home and in the community. Staff looked at innovative ways to support people to become more independent.

People were aware of how to make a complaint and action was taken in a timely manner to respond to and resolve the complaint.

Good



Is the service well-led?

The service was well led by a registered manager and senior team who worked with staff to ensure that they delivered care according to the vision and values described by the provider.

Staff said they found the registered manager approachable and that she had helped to make the service much better.

Senior staff met regularly to ensure that they managed their teams effectively and there was good communication at all levels.

There was a programme of audits undertaken throughout the year and systems to ensure that where an audit identified an issue, action plans were put in place to address this.

People and their relatives were consulted about the service and improvement plans put in place to address concerns.

The registered manager and staff actively engaged with the local community to build relationships. This included putting on events to which the local community were invited.

Good



Kingsley House

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 28 January 2015 and was unannounced. The inspection had been planned in response to concerns we had received about the care provided at Kingsley House. These concerns related to the treatment of people, the retention of staff and the management of the home.

The inspection team comprised of one inspector and a specialist advisor (who was present on the first day of inspection). The specialist advisor was a social care professional who had worked with people with autism and learning difficulties.

Before the inspection, we reviewed information we held on our systems. This included inspection reports for the de-registered location, Orchard House and the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. During the inspection, the registered manager also provided a copy of the Provider Information

Return (PIR) which they had submitted to Care Quality Commission in December 2014. Because of the deregistration of Orchard House and the registration of Kingsley House in December 2014, this had not been available on our system prior to the inspection.

During the two days of inspection, we met three people using the service. Because some people had difficulty with verbal communications, we also observed three people during various activities when they were in the day centre and in their accommodation. We talked with the registered manager and twelve staff, including care and administrative staff. We observed a training session delivered by a senior member of staff and attended a care planning meeting where managers and staff discussed a person living at the home. We also observed a weekly senior staff meeting and attended a staff meeting.

After the inspection we talked with a social care professional who commissioned the care for two people living at Kingsley House

We looked at records which related to two people's individual care and two people's medicine records. We looked at two records of staff who had been started working at the home in the last twelve months. We reviewed records which related to the running of the home, including staff rotas, training records, equipment and utilities servicing records and quality monitoring audits.

Is the service safe?

Our findings

People were protected from abuse and harm at Kingsley House because risks to people were assessed and there were sufficient staff who were recruited safely and trained to support them. One person said they liked living at the home but if they could, would choose to move the staff with them to a place closer to their family. Another person, who was asked whether they liked living at the home, said “Yes”.

People’s needs and risks had been assessed and detailed care plans had been developed to support the person. This included the staff required to support the person safely during the day and at night. Care plans also identified the number of staff needed to support the person when they went out. One care worker said “There is people centred planning.” Risks were reviewed and appropriate actions taken to address changes that were identified. For example, there were concerns that one person was presenting with problems with respect to eating. A meeting was convened by the person’s key worker, with staff who worked closely with the person as well as managers attending. The risks associated with the person’s behaviours were discussed by the group and actions were agreed to make changes to the person’s care plan which would be implemented by care workers and then reviewed after a period to check that the new plans were working.

Staff understood the importance of safeguarding vulnerable adults and were able to describe the actions they would take if they had a concern that someone might be being abused.

There were sufficient numbers of suitable staff to support people safely. Most of the people living at Kingsley House needed one to one support from staff at all times of the day. We reviewed staff rotas which showed there were enough staff on duty during the inspection to enable this. Staff worked one of three shifts, an early shift from 7:30 until 16:30; a late shift from 16:15 until 22:45 or a night shift from 22:30 until 07:45. There were hand-over meetings at 07:30, 16:30 and 22:30 to ensure that staff taking over a person’s care were able to discuss this with the staff who had been working with the person on the finishing shift.

We had received a concern that there had been a large turnover of staff. There was evidence that a large number of staff had left over the previous year, but this had been

expected due to the change from a school to a home for adults. Staff said that there had been problems with staffing levels in the past, but that this had improved. A care worker commented “Now staffing levels are better.” The registered manager said that a number of staff had left in the previous year, due to the closure of the school and staff preferences in relation to working with children or adults. However, she added that three new staff had been recruited in the previous six months and two more had recently joined and were undergoing their induction.

The registered manager explained that additional staff were also used to support activities where a person required two staff to support them, for example when a person was going on a trip out. During the inspection, staff were working off-site to support one person who was away from the home for the day. Because of the need to ensure that people living at the home were supported by staff they knew, the registered manager said they only used part-time or agency staff who were familiar with the service and the people using it.

People lived at Kingsley House were supported by staff who had been recruited safely. The records showed that people had been interviewed prior to being offered a post. References had been obtained and Disclosure and Barring Service (DBS) checks undertaken prior to the person being allowed to work with people at the home. DBS checks help to ensure that staff are safe to work with vulnerable adults.

Medicines were handled, administered and stored medicines safely. None of the people at Kingsley House managed their own medicines. The registered manager said five people were prescribed daily medicines but two people were not prescribed any medicines on a routine basis. Staff were able to describe the processes they undertook to administer each person’s medicines and were observed following those processes. Medicine Administration Record (MAR) sheets were completed accurately and signed by the member of staff after they had observed the person taking the medicine. There was a new system for recording the stocks of each medicine, which one member of staff had completed incorrectly, although it was possible to see how the mistake had been made. We discussed this with the team leader who said they would review the new paperwork with the registered manager, and, if necessary, alter it so that staff were clear about what needed to be entered on each shift.

Is the service effective?

Our findings

People's needs were not fully met by the design and decoration of the home. Kingsley House had had some adaptations and refurbishment undertaken to enable it to function as a home for adults rather than a school. Although in some areas of the site this had been effective, there were other areas which still looked and felt like a school. For example, some outdoor areas had playground equipment and decoration which was not appropriate for the age of the people living in Kingsley House. Some outdoor areas were also very sparse and bare of decoration or seating. There were some parts of the main building which had not been refurbished, including some accommodation and corridors, which meant that they did not feel homely or welcoming. The registered manager said that they were in the middle of a programme of refurbishment which would address these shortfalls. However, the size of the site and the construction of buildings meant, despite refurbishment, the size and layout made it look like a school rather than a home for adults. A social care professional said "Some parts of the building are not well designed. However although there is a need to improve the environment, they need to ensure that it is designed with people with learning disabilities in mind for example, low stimulus, safety glass, sufficient space." The registered manager had described the changes that had been made and explained the need to make them suitable for people with autism. This had included ensuring that some people had living spaces which were low stimulus and spacious.

People and staff were not always fully protected by staff who were trained to deal with occasions when a person exhibited aggression. Staff described how they worked with people who sometimes exhibited challenging behaviour including physical aggression. Staff said they did not use physical restraint but would use the methods they were trained in to try and defuse a situation if it arose. These methods included break-away techniques, blocking and avoidance and walk-around. However, some staff raised concerns that the training they had received did not fully equip them to deal with situations where de-escalation techniques did not work and there were occasions when they had to respond differently.

We spoke to a senior member of staff about these concerns. They said that if staff had to do what they called

an 'emergency response', which they described as "any response that they had not been trained to carry out", an incident form was completed and a debriefing to identify lessons learned would be conducted by a senior member of staff. This included looking at whether the person's risk assessments and care plans needed to be revised in the light of the incident.

We reviewed the incident forms for one person who staff said sometimes became very agitated. These identified there had been occasions when staff had been injured by the person. Given our concerns about both the person and other people's safety, including staff, the senior member of staff agreed to review this. They said they would review the person's care plan in respect of dealing with a situation where the person was physically aggressive. This was done in conjunction with their training provider who provided support on how to deal with these situations. Following the inspection, the senior member of staff emailed us details of the changes that had been agreed to support the person at difficult times. These described in detail what staff should do if the situation arose.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

Staff communicated with people they were working with effectively, using a range of communication methods. In addition to communicating verbally in a clear, calm and unhurried way, staff also used other forms of non-verbal communication. These included using picture boards with individualised pictures to help people understand what was happening. For example, one person had a file in which the first page had a list of around 15 activities. The person would choose four or five activities for each morning and each afternoon by pointing to the activity. The choices included daily living activities such as cooking as well as activities which interested the person. Using these activities, the person was able to plan their morning or afternoon effectively.

People were supported by staff who were trained to work with people who had autism. New staff undertook an induction which included a general introduction day as well as training in a health and safety, food hygiene, fire safety and safeguarding adults. In addition they had to

Is the service effective?

complete training to support their understanding of autism and the SPELL framework (The SPELL framework was developed by the National Autistic society as a methodology to support the understanding and response to the needs of people on the autism spectrum. SPELL is an acronym which stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links). New staff also undertook courses in epilepsy, medicines administration and working with people with challenging behaviours. Part of this training involved completion of an accredited three-day course designed to develop skills in low arousal techniques of physical intervention.

Following their induction, new staff shadowed experienced staff working with people, so that they got to know the person before they were allowed to work on their own with them.

New staff had to complete a probationary period during which they were supported with monthly supervisions. Two care workers who had started working in the home in the last year, both said they had received monthly supervision in their probationary period. Staff records showed dates when these had been undertaken. This helped new staff identify areas of their work which was going well and areas where they may need further training and support.

Staff said they were supported with supervision and an annual appraisal. One member of staff said “Yes I get supervision every month or two and appraisal.” There were systems in place to monitor who had received supervision and appraisal. These showed that 34 out of 44 staff had received an appraisal in the previous six months and that all staff had received supervision between November 2014 and January 2015.

Once staff had completed their induction and probationary period, the registered manager said they were supported to undertake nationally recognised qualifications, such as National Vocational Qualification (NVQ) levels 2 and 3.

Staff were expected to undertake refresher training on safeguarding adults, epilepsy and managing challenging behaviour on an annual basis. Staff said that they had done this training and training records showed the majority of staff had completed this. Where staff had not completed it, this was due to sickness or maternity leave.

We had received a concern that people were not allowed to move freely in and out of the buildings at Kingsley House. Some people were free to move between different

buildings but others were not able to, as it had been assessed that this was in their best interests. Where people had restrictions, there were applications under the Mental Capacity Act (MCA) 2005 for Deprivation of Liberty Safeguards authorisations. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best interest decisions were clearly recorded and sensitively made.

Staff also completed training about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberties Safeguards (DoLS). DoLS applications, for all except one of the people living at Kingsley House, had been submitted to the relevant authorities and letters had been received acknowledging these applications. One DoLS authorisation had been granted.

We discussed an issue relating to two people who lived together in one of the accommodation units in respect to a DoLS application that had been made with respect to one of them, but which had an impact on the other person too. The registered manager agreed that the second person did not require the same level of restriction and therefore they agreed to manage the situation such that the second person was able to have unrestricted access within the unit.

Each accommodation unit was equipped with a kitchen where people could prepare food and drink. Some people living at Kingsley House were able to shop for, prepare and cook meals of their choice with staff supporting them in this activity. Other people at the home were encouraged to plan their weekly menus and have healthy, nutritionally balanced diets. These people were able to be involved in meal preparation if they chose. Staff supported people to make informed choices about what to prepare and eat using a picture system. Drinks, fruit and healthy snacks were available to people during the day.

There was evidence in care records that staff worked with other health and social care providers to support people’s physical, mental and emotional needs. This included working with the person’s GP and the learning disability support team. The home also worked with other social care providers to support people’s transition to other accommodation. A social care professional said “the registered manager is available always and so are [senior

Is the service effective?

staff]. Staff will phone for advice and guidance. Lots of support and input from outside including the Deprivation of Liberties team, Learning Disability Additional Support Team and the psychiatrist.”

Is the service caring?

Our findings

People said they liked the staff and that they were caring. One person said the best thing about the care home was a specific member of staff. They also commented “I like seeing their kids as well”

We had received a concern that staff teased people living at Kingsley House in an uncaring manner. There was no evidence found to support this. Throughout the inspection, we observed positive interactions between staff and people living at the home. Staff treated people with kindness and in a friendly manner. Staff showed an in-depth knowledge of the people they worked with and supported them confidently, providing people with reassurance and help, whilst encouraging them to be as independent as possible. A social care professional commented “Staff know people inside out, recognise what people need and adapt/flex to ensure that they meet their needs and also change things where they encounter changes in behaviour.”

Staff were able to communicate with people who were unable to verbally make themselves easily understood. Staff recognised that people had different ways of communicating when they were happy, sad or in pain using a range of methods, including picture boards and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. The registered manager said they had given their email address to people in the home, as some of them preferred to write down what they wished to communicate rather than talking to them.

We observed a number of occasions where staff responded quickly to a person who was distressed or agitated, quietly supporting them until they appeared calm and more relaxed. We also saw instances where they discreetly ensured that a person’s privacy and dignity was maintained, by supporting them appropriately.

Some staff had known the people they worked with since childhood. Although there were a few occasions where they referred to them as ‘students’, they quickly corrected themselves and said ‘service users’ instead.

Staff recognised that the people they were working with were now adults and therefore they respected their right to have choices, for example when they got up, what to wear and what they did each day. One care worker said “It is a change from working with children to working with adults. People have more choice. They can choose their own menu, they can choose to attend the day centre or not. A lot more independence and staff have caught onto it. It is good.”

They also respected that people had the right to privacy. People had keys to their bedrooms and were able to lock them at night and when they went out. Staff described how some people would sometimes spend time in their bedroom, if they wanted “private time”.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. People were encouraged to get involved in decisions about the décor of the home. The registered manager said as part of the redecoration and refurbishment, people could choose colour schemes for their bedrooms and the communal areas in which they lived. For example people had voted to have the front door to the main house painted pink and two people had also chosen new furniture for their living room as well as the colour scheme.

People were able to lock their bedroom to ensure they had privacy and that their possessions and valuables were safe and private if they went out. Five people had their own ‘front door’ keys which meant they were able to access their own living space freely. Where one person had left their keys at their parent’s home when they had visited, staff arranged for them to have a second set of keys.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives using computers to email and video link with them.

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained personal details including a personal profile, entitled 'What's great about me' which described their likes and dislikes, their fears and their preferred routines. The care records also included detailed risk assessments, a missing person profile as well as detailed information about communication methods for the individual. The care records had been reviewed regularly and were up-to-date.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. Key workers completed a monthly summary for each person they worked with, which described what the person had been involved in the previous month, their achievements and any concerns. The monthly summaries also contained photos of activities. The monthly summaries were reviewed by the team leader and the registered manager so that they were aware of how the person was doing.

Where changes in someone's behaviours occurred there were multi-professional meetings to plan, implement and monitor the changes. We attended one meeting at which a person's care plan was discussed, as there were concerns about their eating. Their key worker had identified that different staff had different approaches to ensuring that the person maintained a healthy diet. The meeting was well attended by managers, key workers for the person as well as other staff who worked with the person. Some staff had chosen to attend the meeting although they were not working, as they wanted to be able to contribute to it. During the meeting, staff discussed strategies to support the person maintain a healthy eating regime without getting distressed. The person's parents had visited the previous weekend and had wanted some points raised at the meeting as they were unable to attend. The group discussed these and it was agreed that the outcomes would be fed back to them. Throughout the meeting, staff were involved in looking at alternative approaches to support the person with food, and agree an approach which would be consistent across shifts.

Another person had suffered a family bereavement. Staff said they were supported by the bereavement counsellors who gave them advice on how to help the person cope with their loss.

People were encouraged to take part in activities they enjoyed either on their own or as a group. For example, one person said they enjoyed cooking and staff supported them to make cakes as well as meals. Another person said they sometimes invited a friend to come for tea. On the first day of inspection, one person said they were planning to go to a nightclub that evening which was held every month. They said they really liked going there and always got chips on the way home.

Some people required two staff to support them when they went out. The registered manager said they were happy to be flexible about these hours and that people could choose to 'bank' hours so they could go on longer trips, for example before Christmas, one person had banked their hours so that they were taken out for the day to Exeter to go Christmas shopping. Another had banked hours to go and see the touring Christmas Coca-Cola Truck.

One person, who was very nervous about going out in a car unless they recognised the route, had been supported by staff to overcome their concerns by using Google Maps on their iPad to 'travel the route' virtually before attempting the journey. Staff said that this had helped the person overcome their fears. For example, they said whereas in the past, the person had always seen their GP at the home, they had now taken the person by car as far as the surgery car park on a 'trial run'.

Kingsley House had several areas where people could do activities. This included a day centre which people from the community also accessed as well as areas where there was gym equipment and a trampoline. Staff said that people really enjoyed this activity; but that not all staff were trained to support its use and therefore people could only access it at certain times. The registered manager said that she had applied for a bursary, which she planned to use on training more staff to be able to support people on the trampoline as this had become such a popular activity.

The day centre had an activity co-ordinator who planned activities to meet people's wishes. For example people had done craft work including making rag rugs, driftwood sculptures and chutneys which they had then sold. During our inspection, we observed staff running a music session with people in the day centre.

People were aware of how to make a complaint and could access advocates if they wanted or needed to. For example, one person had said they did not want a particular staff

Is the service responsive?

member to work with them. We saw that the complaint had been dealt with promptly and that it had been resolved to the person's satisfaction. Another person who had been involved in an incident with the police had been supported to consider whether they wished to make a complaint or not. The home had involved an independent advocate to support the person.

People were supported by staff to move to other providers. For example, one person, who was planning to move to

another part of the country, had been supported by staff to visit the new home and find out what it was like. Staff said that the person had said that they had wanted to move out of Kingsley House to be closer to their family. Staff had therefore been helping the person to prepare for the move, discussing what they needed and working with their local authority care manager to enable this to happen.

Is the service well-led?

Our findings

The registered manager said that the vision and values of the provider organisation were very important and formed the basis on which she and the other staff delivered care. She described the service's vision as 'a world where all people living with autism get to lead the life they choose'.

The registered manager said that they recognised there had been concerns regarding the home in the past and that they were working on a number of improvements. When asked whether they had an improvement plan which identified what actions were planned to be undertaken and timescales for when these would be done, they said there was not one in place. However, they said they would talk with staff at their head office as well as senior staff on site to draw up an action plan which would allow them to plan and monitor progress on improvements.

A concern had been raised that "the manager encouraged a culture of teasing amongst staff." We found no evidence to support this. The registered manager acted professionally at all times during our inspection and staff were supportive of her management style.

A member of staff said the registered manager was "hot on things. She's got her own mind, but she knows her stuff. She goes on the shop floor and she works with individuals. She's very quick to pick up on signs of distress etc." whilst another commented "Things are much better. Senior staff are always encouraging you to go out. Senior staff listen more now." A senior member of staff said "the senior team are clearer on direction things need to go. "I've been watching a general trend to improvement"

Throughout the inspection members of the senior team were visible and active in all areas of the home, working with staff to ensure that the care they provided met people's needs and was delivered to an appropriate standard. Staff said they felt well supported and able to ask questions of the registered manager and other senior staff if they had a concern. For example, during the medication round, a member of staff asked for some clarification from a team leader who was able to provide them with an answer.

There were systems to ensure that staff were kept informed about the service and could express their opinions, views and ideas. Senior staff met each week in a formal meeting to discuss issues. There was a standing agenda with

specific areas such as health and safety discussed on a four weekly basis. At the meeting we attended, senior staff discussed how to ensure that staff who had been recently trained to carry out risk assessments could put this into practice, how to provide cover for staff whilst they were on training and timescales for the behaviour support plans to be transcribed onto the new paperwork that was being introduced. Senior staff said that the meetings were useful and also meant that they knew what they had to inform their staff about.

On the second day of inspection, we also observed a staff meeting which was attended by approximately half the staff. The registered manager chaired the meeting and explained that it was the first staff meeting of its kind and was intended to be a forum for staff to raise any issues they wanted to, be informed about what was happening in the service and offer opportunities for discussions on how the service could improve. Other issues that were discussed included training opportunities, activities that could be started for people as well as how staff could communicate better with each other.

The service promoted a positive culture which involved the local community. For example, Kingsley House had hosted two public events, a Halloween Disco and a Christmas Extravaganza, in previous months and had received positive feedback from members of the public regarding these events. During the staff meeting, the staff discussed how they could run an open day to support wider understanding in the local population of what Kingsley House did.

There were systems in place to monitor the quality of services. This included regular audits and checks to ensure the quality of care and service. For example, a senior care worker said they had responsibility for the completion of a monthly audit, which had been introduced by the registered manager. They said the audit programme had commenced in October 2014 and they had presented the results of the first month's audit together with a plan for the audits to be carried out throughout 2015 to the senior management team. They explained that they had found that the audit process had taken them longer than expected and that therefore they were revising the methodology having spoken to the registered manager

Is the service well-led?

about it. The monthly audit programme routinely checked finances, medication, accidents/ incident reporting, cleanliness of the house, training records and health and safety checks.

All incidents were reviewed by senior staff and appropriate actions taken to reduce the risk of recurrence. A senior care worker said that incident forms were supposed to be entered onto a computer database which had not been working for the last seven months. This meant that analysing incidents over a longer period of time was not being done.

An annual quality monitoring audit was undertaken which included feedback from family members, the people living at Kingsley House and health and social care professionals. The information was analysed and used to make recommendations for improvements.

Staff from other services belonging to the provider visited Kingsley House from time to time to inspect the service and makes recommendations for improvements

Staff completed a daily handover file to ensure that there was effective communication within the houses. This helped staff starting a shift to be well prepared. Staff also had daily and weekly checklists to complete to ensure that cleaning tasks were completed regularly.