

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kendall House

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19 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Futures
Registered Manager	Mrs Claire McMahon
Overview of the service	Kendall House is a residential care home for up to eight younger adults with learning disabilities. People may also have associated physical or behavioural difficulties.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 August 2014 and 20 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

This inspection was undertaken by an adult social care inspector who observed the care being provided to people in the communal areas of the home and examined the care documentation and supporting records. The inspector spoke with six people that used the service and five members of staff to gain their understanding of how they met the needs of people living in the home.

Following the inspection we considered all of the evidence we had gathered under the standards we inspected. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service caring?
- Is the service effective?
- Is the service responsive?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people using the service, the staff supporting them and looking at records.

If you wish to see the evidence supporting our summary please read the full report.

Is the service caring?

People who we spoke with as part of our inspection were positive about the care they received. We received comments such as "this is my home I love it here", and "I'm happy with all my friends here".

People confirmed that staff treated them with dignity and respect. Staff had clear ideas

about what these terms meant and gave examples of how they would put them in to practice when providing care.

The support plans that people had in place were detailed and provided clear and consistent guidelines for staff to follow that would allow care to be delivered in a person centred way. It was clear that people had been involved in discussions about their care and people signed to give their agreement to the support plan.

Is the service responsive?

People's needs were reviewed regularly and the dates of these were recorded on file. This meant that staff were able to respond to any changes in the level of support that a person required. One person that we spoke with said "my keyworker shows me my plan and I can change it if I want to".

Where concerns arose that might indicate a person was at risk, appropriate action was taken in reporting the issues to the relevant authorities.

Is the service safe?

People that we spoke with told us that they felt safe in the presence of staff. One person said "I've got nothing to be scared of, I love the staff, my keyworker is the best".

Staff received training in safeguarding vulnerable adults and told us they would feel confident in identifying and reporting concerns. There was guidance and policies in place for staff to follow in the event of identifying a safeguarding issue. Staff understood the term 'whistleblowing' and knew that they could report concerns to outside agencies if they needed to.

There were risk assessments in place to ensure that people were supported in a safe way. This included clear instructions for staff to support people with their behavioural needs.

People who used the service were cared for by staff who knew how to protect them from the risk of abuse. The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (Dols). The registered manager stated that since a recent change in the criteria for making Dols applications, applications were to be made for a number of people and that advice had been sought from the appropriate authority. Relevant staff were being trained by the provider to understand when an application may be required. This meant that people were safeguarded from abuse.

Is the service effective?

People's packages of care were reviewed regularly to ensure that they were meeting the person's needs. These reviews allowed people to give their opinions on the care they received and for the service to make changes as required.

Staff received training and support to help ensure that they were able to carry out their roles effectively. Regular supervision took place to monitor staff performance.

Is the service well led?

There was a registered manager in place at the time of our inspection. Staff that we spoke with told us they felt well supported and could approach senior staff with any issues or

concerns.

A programme of quality monitoring was in place, which included gathering the views of people who used the service. We viewed some returned satisfaction surveys and noted that the responses were positive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. During our visit we spoke with people who lived in the home. People told us that they liked living at the home and staff supported them in becoming more independent. We found that people were encouraged to undertake tasks that they could manage with and without assistance of the staff. All of the people were doing different activities when we visited people were busy making hot drinks for themselves and others, undertaking their personal hobbies and helping with the housework. One person told us how they had chosen their holiday and how they had come to the decision with the support of their keyworker. .

People's diversity, values and human rights were respected. Each person was able to personalise their room and keep it as they wished. Staff respected people's decisions to keep their rooms locked and only entered when invited to do so, or when assistance was required with cleaning or maintenance.

People expressed their views and were involved in making decisions about their care and treatment. We saw that people's care files were person centred and individual to them. Information in the care records was detailed and identified people's preferences, and personal wishes. This included personal care routines, food choices, and interests. Favourite memories were also included and noted what was important to them. Each person had contributed information about their likes and dislikes, long term goals and what their expectations were in relation to their care.

People were supported in promoting their independence and community involvement. The care plans had been created to describe all aspects of people's lives whilst living at Kendall House and to help them increase their independence. We saw an example of one person whose independence had increased to enable them to travel independently to visit a relative. We also saw that the provider had also ensured that each person was assisted in planning a holiday of their own choice and care staff were provided to support people on these holidays. Records showed that people had travelled abroad to Greece and Paris

Disneyland whilst others had opted to holiday at Butlins in the UK.

People living in the home were involved in activities throughout the week. We saw the weekly list of planned activities available for each person and activity sheets noted when these activities had been completed. People took part in activities such as swimming, horse riding, art classes and volunteering at a city farm.

People in the home were provided with food according to their preferences and dietary requirements. There was a set menu for each day of the week, however, people could choose a different meal if the menu was not to their liking. Once a week each person chose the main meal and would cook the meal for everyone in the home with supervision from the staff.

We saw records of communication between the manager and relatives of people living at Kendall House. The manager ensured that the families were kept updated of any matters concerning their relatives by way of phone calls and emails.

We observed that staff were familiar with each person's likes and dislikes and had good relationships with the people in the home. Care staff were able to tell us about each person's personal preferences and what they liked to do during the day. The manager and staff were available to talk to people individually at any time about their views as well as their feelings and needs. We observed this in practice.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at all four care files belonging to people who lived at Kendall House. The care files were written in a clear and respectful style. The files contained relevant details and covered aspects such as behavioural support, communication needs, risk assessments and dietary needs. The records we saw were detailed and up to date. We noted regular reviews of the care records and risk assessments had taken place. All records were reviewed every 12 months; however some reviews had been undertaken at three, six, or nine month intervals depending on the level of risk.

Daily notes were completed by staff undertaking care and for activities. We saw that these notes were also cross referenced to relevant monitoring charts such as the health logs and goal progress logs. The involvement of other professionals and partner agencies were also recorded in the care plans. This ensured people's health and care needs were met.

We saw records which showed that people's care had been delivered in line with their individual care plans and preferences. We found that one person had specific needs in relation to maintaining their relationship with their family. We saw records which showed how the staff at Kendall House had supported this person to maintain regular contact.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that detailed risk assessments were in place for all the people in the home. These were comprehensive and covered all aspects of the people's welfare and safety when living in the home and when they went out into the community. The risk assessments took into consideration what the potential risk was, who might be harmed by the activity in question, and what control measures were put in place to avoid harm.

There were arrangements in place to deal with foreseeable emergencies. We saw that person centred fire and emergency evacuation plans took into account the individual limitations to each person's learning disability and associated behavioural difficulties.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with felt confident about reporting concerns or issues if they arose and felt safe in the home. People told us that they felt safe at Kendall House and one of them added "why wouldn't I feel safe this is my home". We found that people had been provided with a personal copy of the home's complaints procedure. We also saw safeguarding and complaints information displayed in the home for the people and staff at Kendall House to refer to.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Kendall House had robust safeguarding policies and procedures in place. The policies and procedures were followed in practice, and took into account relevant legislation and guidance for the management of abuse.

Training records showed that all staff had received training in safeguarding and the prevention of abuse. We saw that regular refresher training was also being arranged for safeguarding procedures. Staff we spoke with were aware of the safeguarding and complaints procedure and were able to describe how they would escalate any concerns.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with three care staff as part of our inspection and all reported that they felt very well supported in their roles. Staff told us that they received a comprehensive induction over which prepared them well for their work. We also heard that staff had the opportunity to shadow more experienced members of staff following their induction until they felt confident to be able to deliver care independently. One member of staff said the support they received from their colleagues was "brilliant" and that "the staff team and our residents we're like a little family and we all help each other out". Topics covered during induction included, food hygiene, moving and handling and safeguarding.

We saw documentation and certificates as evidence of people's training. Overall records of staff training was kept on the computer systems and a report was run each month to check on what training needed to be refreshed.

Staff told us that they received regular supervision and this gave them an opportunity to discuss any issues or concerns. We viewed records of supervision in four staff files as evidence of this. We found that supervisions were undertaken every two months as expected by the provider. We also saw that staff received annual appraisals which also included feedback from people living in Kendall House and the other staff. This enabled the registered manager to have valuable feedback about staff performance.

Staff told us that communication was good between the staff team and this supported them to carry out their roles effectively. For example, we were told that when a person had experienced a significant change in their needs or their care plan had been updated, this was notified to staff in at shift handover's and through a communication book so that they were immediately aware and could offer support accordingly.

Staff also told us that they could speak with the manager at any time if they were concerned and would also feel comfortable about approaching the manager with any further training needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Annual surveys were sent out to the family and representatives of people living at Kendall House. The last annual survey received responses which were all positive.

People also met with their keyworkers formally on a monthly basis to discuss their needs in relation to their personal care, bedrooms, purchases they wished to make and any other feedback they wanted to provide. We looked at the monthly records in four care files and found that these meetings were carried out each month and that any feedback was acted upon. We were also told by one of the people living at Kendall House that they had a monthly meeting with their keyworker when they could discuss their concerns.

Residents meetings were held bi-monthly for people living at Kendall House. This was dependent on whether people wanted a meeting or felt one was required. These meetings gave people an opportunity to discuss their concerns and raise issues. We saw records of the minutes from these meetings.

A health and safety risk assessment was carried out by the registered manager and covered areas such as slips, trips and falls, kitchen hygiene, fire safety, the garden, electrical and gas appliances. This risk assessment had a series of prompts to enable the registered manager to carry out specific assessments as detailed on the paperwork. Action plans were completed for areas that required further improvement. All records we saw were complete and up to date.

In the last 12 month period there were no complaints from the people living in Kendall House or any of their relatives or representatives. We also looked at the minutes of staff meetings and records which demonstrated that the registered manager had responded to matters concerning staff. A member of staff also told us "I definitely get the support I need, I love working here it's like being with your family".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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