

Care Futures

Kendall House

Inspection report

15 Wesley Lane
Warmley
Bristol
BS30 8BU

Tel: 01179602508

Date of inspection visit:
07 August 2018
08 August 2018

Date of publication:
04 September 2018

Ratings

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

Summary of findings

Overall summary

Kendall House provides accommodation, personal care and support for up to 8 people. People who live at the home have a learning disability. There were seven people accommodated at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These core values were very much part of living at Kendall House as evidenced in the main body of the report.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures.

Systems were in place to ensure people were safe including risk management, checks completed on the environment and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Kendall House. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals. Professionals were very complimentary about the service, the welcome they received and how they

supported people.

The home provided an extremely caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were very knowledgeable about the people they supported. People were treated with kindness and there was a happy inclusive atmosphere in the home. Family and friends were part of life at Kendall House and were made to feel welcome. Feedback was extremely positive about the care and support people received. It was evident that people were seen as individuals and the focus of their care. There was a culture that had been embedded where Kendall House was viewed as people's home rather than a care home. People were encouraged to try new things, voice their opinions and their independence promoted.

People received a very responsive service. Care and support was personalised to each person. People were assisted to take part in a variety of activities and trips out. Relatives were very complimentary about the service and the activities available to people and the ways that they were continuing to support people in finding appropriate activities. Staff were responsive to people's changing health care needs. People were very much involved in decisions about their treatment.

The service was well-led. Relatives and staff spoke extremely positively about the commitment of the registered manager and the provider. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident there was a culture where people views were actively sought to drive improvements on how they wanted to live and be cared for.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well led.

Kendall 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 was an unannounced inspection which was completed on 8 and 9 August 2018. The inspection was completed by one inspector. The previous inspection was completed in January 2016 there were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team and the GP practice. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff and the registered manager of the service and a visiting health professional. We spent time observing and speaking with everyone living at Kendall House. After the inspection we contacted five relatives by telephone to ask them about their experience of the care and support people received.

Is the service safe?

Our findings

The service continues to provide safe care. People told us they liked the staff that supported them. People were actively seeking out staff throughout the inspection. We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. We asked a person whether they felt safe. They responded by telling us that staff and other people living in the home were their friends. Staff told us generally everyone got on well and because they knew people well they were prompt in supporting them when there were minor conflicts.

Staffing was planned flexibly to meet people's care and support needs. Staff told us there was always enough staff to enable people to go out when they wanted. There were many examples shared with us, when extra staff were working in the home. For example, supporting people to go to health appointments and social events or when a person was unwell. Staff told us there was a minimum of two staff throughout the day with one member of staff providing sleep in cover. However, staff told us during the week there was always three or four members of staff working depending on what was going on. Since the last inspection, the staffing had been reviewed. Care staff now provided people with activities during the day. Previously this was provided by day care staff. Staff evidently enjoyed this role and were passionate about providing people with a variety of opportunities on a daily basis.

There were rare occasions when there was only one member of staff. Staff told us this was because of short notice sickness and whilst every attempt had been made to cover with staff or agency, they were unable to find cover. They told us that it was nice when there was only one member of staff working as everyone (the staff and people living in the home) would help each other. Some people did not like unfamiliar staff working in their home and found it unsettling. Agency staff were rarely used. Assurances were provided that the service remained safe when there was only one member of staff working in the home. Staff told us there was always an on-call back up who would respond in emergencies.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. Care plans were in place describing the support the staff gave in relation to the management of people's medicines and what the person could do for themselves.

Medication records were maintained. This included an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed and any allergies. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition such as diabetes. This included what staff should monitor in respect of when and how these medicines were to be given.

People's individual medicines were kept in their bedrooms in a lockable cupboard. This meant people had

more control and involvement in this area. One person asked staff for their tablets. Staff were prompt in responding to the person. Another person clearly told us what their medicines were for and how staff supported them. This showed that people were involved in this area.

Care records included information about any risks to people with personal care, risks when in the community or completing a variety of activities and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking, eating and drinking and supporting a person with their medical condition. Risk assessments covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible.

Staff completed a daily risk assessment of activities being completed. The registered manager said this was really important to ensure staff had reviewed any risks as it was recognised this could be changeable. This also acted as a reminder to staff because there was a checklist for staff to complete to ensure they took with them the items needed to keep people safe. For example, medication for epilepsy or a fizzy drink and sweets for a person that was diabetic. Staff showed a good awareness of their role in keeping people safe. Staff described to us how they kept people safe in the home and when out in the local community.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and the importance of sharing information where they had concerns. Staff confirmed they would report concerns to the registered manager and these would be responded to promptly. Staff knew who to report any concerns to outside of the service. They told us there were policies on responding to an allegation of abuse and whistle blowing. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission. Staff confirmed they had training and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team.

The home was clean and free from odour and cleaning schedules were in place. Staff had received training in infection control. There were sufficient gloves and aprons. The home had recently been inspected by the local authority in respect of food hygiene and had received a five star rating. This is the highest rating that could be achieved.

Staff were thoroughly checked to ensure they were suitable to work at Kendall House. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

Is the service effective?

Our findings

People were receiving a service that was tailored to their individual needs. People were assessed before moving to Kendall House. People were encouraged to visit the home prior to deciding on whether to move there. To help people make the choice a pictorial guide was available for prospective people to enable them to be involved in the decision process of whether they wanted to move to Kendall House. This included pictures of the home, activities and the staff that would be supporting them. This was also used for prospective staff to show them what life was like at Kendall House. A relative told us they knew Kendall House was the right place when they first visited due to warm welcome. Relatives spoke very highly of the staff and the relationships and their knowledge of people living in Kendall House.

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions prior to a person moving to the home this enabled the service to plan effectively the care of the person. Health and social care professionals' feedback was positive. They told us that where people's needs had changed timely referrals were made. They said the staff were knowledgeable about the people they supported. When a person moved to another service such as an admission into hospital, information was shared about the person to enable the nursing staff to support the person consistently. This included how the person communicated, their support needs, likes and dislikes.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. Clear records were maintained of the reason for appointment, the outcome and any follow up.

People had a health action plan, which described the support they needed to stay healthy. Feedback seen indicated that there was a positive relationship with the GP practice and the staff were proactive in seeking and acting upon their advice. The staff and the registered manager had been commended by a health care professional on supporting a person with complex health care needs enabling them to get the treatment they needed.

Care records were clear on what support people needed and where they could manage their own condition. There were good links with district nurses in supporting one person who self-managed an element of their medical condition. This enabled the person to have control in this area and promoted their dignity and privacy.

Staff were prompt in raising concerns about people's health. Relatives highly commended the home on how well they knew people and their prompt response in respect of health care. One relative said the staff were brilliant when their loved one first moved to the home supporting them with what could have been a terminal illness. The staff supported the person throughout their treatment and their full recovery. Another relative said the staff had been prompt in responding to a recent diagnosis of epilepsy. Staff told us the registered manager had also actively advocated for the person to have less invasive treatment, which promoted their dignity and privacy. This showed the staff knew people well and could recognise when they were unwell and liaised promptly with other health and social professionals.

The staff understood the importance of regular check-ups in relation to foot care and eye checks for people with a specific medical condition. Each person had been to the GP for an annual health check and had been offered the flu jab. There was information about specific medical conditions in care files to ensure staff were knowledgeable and had appropriate information to support people. Staff had signed to say they had read and understood the information. The registered manager actively sought information that was accessible to people in respect of their medical condition by liaising with the local community learning disability team and hospital staff.

People told us there was always enough to eat and drink. People independently accessed the kitchen to make drinks and snacks. People were seen helping themselves to fruit juice and yoghurts. There was a well-stocked fruit bowl for people to help themselves too. Staff supported people to prepare their breakfast, lunch and evening meal. There was a rota in the kitchen detailing who was cooking along with a menu. A relative commended the home on the alternatives that were provided to their loved one stating, "X (name of person) is quite fussy and will often have something different to the planned meal, even though they may like the food". We observed this during the inspection with the person asking staff what was for lunch and then asking for something different, again they did this at tea time. On both occasions their request was met, with a gentle prompt to have something slightly different because they had eaten that the day before. Staff told us it was important for people to have choice but on occasions they needed to advise on healthier options. This was done in a positive way, as the person was given several options and very much involved in the decision process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications for DoLS had been made for five of the seven people living at Kendall House. This was because people required staff to support them when out in the community and provide close supervision when in the home to ensure their safety. The registered manager had a tracker in place to monitor the authorisations, any specific conditions and expiry dates. Care records included information about the DoLS process and this was kept under review to ensure it was the least restrictive. Where people had a DoLS in place the registered manager ensured and supported people to have a legal representative whether that was a relative or a person appointed by the commissioning authority.

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

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. Relatives told us they were very much involved in the care of their loved ones and consulted when needed.

Records were maintained of decisions that had been made in a person's best interest. This included who was involved, what was discussed looking at the options to ensure it was the least restrictive approach. A

health professional confirmed they had been involved in a recent best interest decision and had been asked their opinion along with relatives and the person's GP. They told us the staff were very proactive in involving people and ensured information was accessible. They said "It is really good here. When I visit the person, they ensure the person's key worker is always available to support and the person is always involved".

The registered manager told us prospective staff visited before they started to work at Kendall House, which helped ensure they understood what was expected of them and gave them an opportunity to meet with people and the staff. This enabled the registered manager and potential employees to assess if they had the right qualities for the job. People were asked for their opinion on what they thought of the potential member of staff. New staff worked alongside more experienced staff until they felt confident and the registered manager thought it was safe for them work unsupervised. New staff completed a comprehensive induction as seen at the last inspection.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff, which confirmed staff received training on a range of subjects. Training completed by staff included; first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also completed training to enable them to support people with specific medication conditions, such as epilepsy, diabetes and supporting people who were living with dementia. A member of staff said the training prepared them for their role. They told us, "There is always training, sometimes I feel 'what' another training session, as there is so many".

The registered manager had a system to check staff were up to date with training. Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Kendall House is situated in the village of Warmley on the outskirts of Bristol. The home is situated in a quiet cul-da-sac. The staff, registered manager and the provider had promoted a warm homely atmosphere. The accommodation was suitable for the people living in the home. This was kept under review to ensure people were safe to use the stairs.

There were three bedrooms on the ground floor and a ground floor shower room. The remainder of the bedrooms were on the first and second floor. The home is registered to support eight people. The registered manager told us at the last inspection, that one of the bedrooms was a shared room but this was no longer appropriate and was now a single room. There were suitable bathroom facilities to meet people's needs. The kitchen had a large farm house table where people tended to congregate during the day and a large lounge area with patio doors leading to the garden.

There was a refurbishment plan in place, which included replacement of carpets and redecoration. Maintenance records showed that there was a prompt response to repairs.

Is the service caring?

Our findings

Staff were extremely caring, compassionate and kind in their approach to people. They were motivated and extremely passionate about providing person centred care. They very much saw each person as an individual. People looked comfortable in the presence of staff and with each other. One person told us, "The staff are my friends and this is my home". There was a real welcoming feel on arrival and throughout the inspection.

Relatives spoke very highly about the service and the approach of staff and the management of the service. Comments included, "Nothing is too much trouble, they support X really well, "The care is excellent and the staff are friendly", and "They never force him to do something, always at his own pace". One relative said, "I have experience in care and Kendall House does not feel like a 'care home' but people's home". They said when they visit everyone would be involved. They said they liked this very much about the home as it felt like a 'family home'. Another relative told, "They not only care for my relative but also for us as a family". From talking with relatives, it was evident they felt the service had exceeded their expectations.

As seen at the last inspection, people were very relaxed with each other and spent time together. From talking with staff and people, the kitchen/dining area was the 'hub' of the home. Many of the people were sat in this area chatting with each other, the staff and the inspector. People were happy to chat about what they were planning to do and what they had done. Conversations were inclusive of everyone and staff worked to ensure this by encouraging everyone to participate. This was because staff knew what people were interested in. This showed that people were empowered and seen as equal partners.

Staff and the people clearly knew each other well. We observed warm, caring and kind interactions throughout our visit. The atmosphere in the home was very welcoming and friendly. It was clear that people using the service and staff regarded Kendall House as people's own home. Three health and social care professionals commented extremely positively about the welcoming feel when they visited Kendall House. Comments included, "I have only ever been impressed, including their (staff) interactions with the people and treating them respectfully" and, "The staff are able to demonstrate that they understand their role and are caring. The home has a good feel", and "I have been there on many occasions I am always happy to visit the home and get a good reception from the staff team. This has always been the case".

There was a strong, visible person centred culture at the service and there was a clear commitment to supporting people to express their views and feelings. People had regular meetings about what they wanted, needed and whether they had any concerns. People's views were sought through surveys, house meetings and informally on a day to day basis. This showed people were empowered and given a voice. People were discussing throughout the inspection, what they wanted to do, when and who with. People were organising a barbeque and telling us who they wanted to invite. They were encouraged to contact their friends and family to invite them. People were excited about the forth coming event and getting things ready. Feedback from relatives was that barbeque had been a great success and a very social event. One relative told it was really good as they could meet other relatives and spend time with everyone living in Kendall House. They told us they looked forward to these events. They told us "It was like one big family

event".

People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. Some people used Makaton, a sign language for people with a learning disability. Staff had completed training to enable them to effectively communicate with people. People were using this along with speech, which meant staff could clearly understand what they were saying. Staff used a 'total communication' approach. This is where staff would use verbal communication, backed up with Makaton, pictures and items to aid understanding and communication. People were supported to communicate in ways that were meaningful to them.

Each person had a life story album, containing photographs of activities and holidays they had taken part in, photographs of family and important people in their life and lots of theatre tickets. These were very individual and bespoke to the person. We viewed two of these, the content was excellent and it was evident the person, their families and staff had been involved. People were very proud of their books and were keen to tell us about what they had been doing or who people were. This was especially important for someone living with dementia. Staff told us it was a very good way of getting to know the person, their interests and their immediate and wider family. From looking at the album with the two people there was a real sense of who the person was, their interests and what was important to them. This was commendable and provided a real picture of the person. The registered manager told us in the provider information return that these were shared with their families and with health and social care professionals. This enabled people to take a more active part in sharing their experiences with others.

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting their home. Staff spoke with real warmth about people, their personalities and preferences. A member of staff told us how they had increased their knowledge on films because this was what a person was interested in. They told us another person was interested in television programmes from the 1980s again they had sat with the person to find out what it was all about.

People were encouraged to be as independent as much as they were able. Care plans included what people could do for themselves and where they needed support. People told us they were actively involved in shopping, food preparation and washing up. People were observed washing and drying up, whilst another was putting items away. Care plans included what people liked to do such as hoovering or dusting. One person helped with the recycling. It was evident there a real joint approach involving people in the day to day life at Kendall House. This also promoted a homely environment where everyone was working alongside each other. One person told us they always helped with the weekly food shopping along with another person living in the home.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly. Staff had taken the time to get to know people's family history and other relationships that were important. Care files contained photographs of family members to aid people's memories as well as in their life story album. People were encouraged to talk about their families and friends during our visit.

People had access to advocacy services when they needed. This is where an independent person (the advocate) supports the person to speak out. In the past these services had been used to ensure the home

was suitable and supported people with complex health decisions in deciding their treatment or where a person was on a deprivation of liberty safeguard (DoLS). It was evident that the registered manager was committed to ensuring people were heard and valued the relationship with people's advocates.

People told us they could receive visitors to the home and were supported to visit friends and family. One person told us they had joined a local social group which enabled them to keep in contact with friends from their day centre, which had closed. People and staff told us about regular social events that were organised where family and friends were invited. This included birthday celebrations, a summer barbeque and an annual Christmas party. Photographs were displayed throughout the home of these events and in people's life story albums.

A relative commended the home on how recently they had supported their daughter to visit them because they had not been well. They said they had been very grateful as it meant they could keep in touch. They gave this as example of the staff going the extra mile. Another relative said the staff not only care for the people living in the Kendall House but their families. They said the staff had recently supported a person to attend a family funeral. Throughout, the staff were caring not only for the person but the family too. It was evident relatives were very appreciative of the care and support that was in place at Kendall. Everyone we spoke with said they could not fault the service and would highly recommend to others.

The home was situated in a small cul de sac and some of the neighbours had been invited to the barbeque. The registered manager said, "We have an excellent relationship with our direct neighbours and often people will stop and chat. The registered manager told us the neighbours always send birthday cards to everyone living at Kendall House".

Since the last inspection, the service had introduced a monthly newsletter, which was sent to families about life at Kendall House and the variety of activities that had taken place throughout the month. A relative commended the home in a recent survey stating, "The monthly newsletter is a valuable addition as helps keep families more in touch". Another relative said, "A good example of where they go the extra mile as they don't have to do this".

Is the service responsive?

Our findings

A health care professional told us, "In my opinion I have only ever been impressed, including their interaction with the residents, treating them respectfully and involving the residents in their care and decisions. Another social care professional said, "This is one of the best homes that I visit. Staff are very responsive, involve people and support them to lead the life they want". A further social care professional stated, "I have been there on many occasions, I am always happy to visit the home and get a good reception from the staff team. This has always been the case". Relatives spoke very highly about the service and the individualised care that was in place. Comments included, "Excellent", "Cannot fault the service" and "They take an interest in us as a family". They gave an example where a member of staff supported a person to attend a family funeral telling us "They had been wonderful and it meant X (name of person) was supported throughout".

People received care and support that was extremely responsive because staff were aware of the needs of people who used the service. Staff spoke knowledgeable about how people liked to be supported and what was important to them. People had an individual care package based on their care and support needs. From talking with staff and the registered manager it was evident each person was seen very much as an individual and was supported that way.

People were placed at the very centre of their care. A relative commended the staff on their approach and the support they gave when a person's routine had completely changed. They encouraged and supported them during this time and involved other professionals. They said they made a big difference and now the person was getting back to their usual self. This person was encouraged to participate in activities of their choosing which helped with their own motivation. Staff observed and monitored any changes in the person's daily routine especially at night. Other professionals had been involved including the person's GP. Staff had made a referral to the community learning disability team to assist in the assessment of the changing pattern of behaviour. This included a dementia assessment being completed. It was evident they had supported the person in very person-centred way.

Another relative commended the staff on how they had supported their loved one with a complex medical condition. We also received positive feedback from the health professional about the management of the condition. They said, "The staff are fantastic at managing/supporting the resident with X (their medical condition). Respond early and recognise when there is a problem and they need to seek medical advice. Staff attend all of the appointments, take notes and feedback to other members of staff". They stated, "The care that they deliver has been exceptional". There was very clear information in the person's care plan to guide staff on what they needed to do and clear records of the treatment. Staff knew exactly what to do to keep this person safe responding to their changing needs. The person was very much part of the treatment and the decisions that were being made.

Staff had linked healthy eating and exercise as very much part of living at Kendall House. People attended regular physical active sessions such as going to the gym, swimming and bowling. The registered manager told us they had recently organised for a personal trainer to attend the home to provide exercise. Initially five

of the seven people joined in, with others watching. They had been really impressed with one person who made their own decision to participate and thoroughly enjoyed the session initially in their comfy arm chair and then actually joining the group. The registered manager said it had been fun with staff joining in alongside people. One person attended a local farm for work experience. Staff also organised sessions on animal care which included dog walking and visiting Bristol Zoo or the local community farm. Some people liked to go to the cinema and out for meals. It was evident people were supported daily to do what they wanted to do either on a one to one or in a small group.

One person during the inspection, had asked if they could go to the gym which was not planned. Staff accommodated the request and the person attended in the afternoon. On the second day some people had attended an arts and crafts group and in the afternoon, they had gone to a social club for a game of darts. On their return staff took an interest in what people had done complimenting them on their art work or their scores. Meal times were flexible because people were so active so some people ate early and some ate on their return. This showed staff were continually and highly responsive to the needs of people. Care and support was provided flexibility to enable people to lead the lives they wanted. People evidently enjoyed the experiences that were on offer to them. Sufficient staff were employed to support people to go out when they wanted, doing the activities they enjoyed.

People had access to a large summer house in the garden. This had been equipped with comfy seating and work desks. People told us they accessed this area regularly to do arts and crafts and spend time there. There was a large garden with different areas for people to sit. There was a large sun canopy and barbeque area leading from the patio doors. The registered manager told us people had requested a football goal and this had recently been purchased. These facilities were exceptional and evidently enhanced the lives of people living at Kendall House bringing the outside space in and additional space for people to relax.

People were very keen to share with us their interests and hobbies and what they liked to do with their time. It was evident activities were planned around people's interests and everyone was very active. Each person had a structured time table of activities throughout the week. Some people attended evening social clubs and discos. Details of these social events were displayed in the main entrance of the home to enable people to plan if they wanted to go.

One person told us they regularly visited the library to borrow games for their play station and access the computers. The registered manager told us the internet connection to the area was really slow so in response people were supported to go to the library as there was better connection. They told us they were still exploring options to improve internet connectivity. This showed how the service was committed to innovation in its aims to provide an exceptional service for people.

People told us about the holidays they had either been on or were planning. From these conversations it was evident these had been very enjoyable experiences. One person told us they liked trains and they were planning to go on holiday by train. Staff told us they sat with people looking at holidays in brochures and on the computer to enable people to design their own holiday. It was evident that people were fully involved in the planning of their holidays. People went away in small groups with others who shared similar interests.

People attended the theatre regularly. Photographs of tickets and holidays were very much part of each person's individual memory book. This helped people to tell others what they had been doing. A relative told us often when they telephoned people would be out and about doing something interesting. They told us, "X has a better social life than me and since living in to Kendall House has experience so many new things".

Information was accessible including their care plans, information about a person's medical condition and some policies and procedures were in an easy read format. There was a notice board that contained photographs of staff which people were keen to show us, along with a board telling them who was on duty and what the menu of the day was.

People had an individual care package based on their care and support needs. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan which detailed the support they needed. They were informative and contained in-depth information to guide staff on how to support people well. People were involved in their plans of care which were kept under review. Keyworkers completed a comprehensive monthly review of all aspect of care including health, activities, progress to individual goals and achievements. These further demonstrated that people led very active lifestyles.

Relatives confirmed they were invited to annual reviews and were involved and kept informed of any concerns or changes. One relative told us they did not visit as often as they liked because of ill health. They said the staff regularly supported their loved one to contact them by telephone and arranged for them to visit them instead.

People's cultural needs were recognised and their views were sought in the planning of their care. Staff had attended training on equalities and diversity. One person enjoyed attending church on Sunday. The registered manager told us this person had built good links with the local church and attended twice on Sunday. The principles of equality and diversity were very much part of life at Kendall House recognising people as individuals. People's rights were protected and promoted. People were given a voice to speak out about what they wanted from living at Kendall House. One relative told us, "X (name of person) has been given a voice since living at Kendall House and is much more confident than when they lived at home". They told us the person had so many new experiences and had blossomed since living at Kendall House.

The service had a complaints process in place which gave people information on how to raise any concerns they might have about the service. The procedure was in pictorial form advising people who they could speak with if they were unhappy. Since the last inspection the service had received one complaint by a person living at the service. The appropriate action had been taken to investigate the complaint, which was resolved to their satisfaction. This was because when the shower had a fault people were unable to take a shower, which for some was their preference. In response, not only was the shower on the ground floor promptly fixed, but a new walk in shower was installed on the first floor bathroom in consultation with an architect. This enabled the provider to be creative to ensure in a small space there was a walk-in shower and a bath. This meant people could make a choice on whether to bathe or shower and demonstrated that people were listened too. A relative told us they only time they had heard their loved one complain was about the broken shower and this was addressed to everyone's satisfaction.

Relatives told us they could not fault the service and had no complaints. They told us they would speak with either the registered manager, staff and equally they would have no hesitation in speaking with the provider.

Is the service well-led?

Our findings

The registered manager was supported by a team leader and two senior care workers. Staff were positive about the management arrangements and told us they were very well supported. Staff felt confident about raising concerns with the registered manager. This created an open and transparent culture within the staff team. Comments from staff included, "I enjoy coming to work it is a lovely place to work", "It really is a joy to work there and be a part of the resident's life "Great manager" and "Best manager since working really listens. We also received feedback from a member of staff after the inspection. They told us, "From the minute I had the interview at Kendall I had a lovely feel about the place. I still have that feeling. The residents are so lovely and so happy. The day care is brilliant, better social life than me! If I had a family member in a similar situation I would confidently allow them to live in this house".

We found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice had been embedded into the culture of the home. These values were clearly shared by the team and were reflected in people's support plans and in the high standards of care and support that people received. A relative told us, "X has blossomed since moving to Kendall House, has had lots of new experiences". They told us they could not have found a better place and had no regrets in the last eleven years of the person residing in the home. All relatives we spoke with would highly recommend Kendall House as a place to live.

The service had received compliments from visiting health and social care professionals and relatives over a number of years describing the service as being very person centred and well led. This demonstrated that the service had a good track record and strived to provide care that was person centred, where people were empowered to voice their opinions.

It was evident from the responses we received during this inspection, from people, relatives, staff and health and social care professional that this was a well-led service. Throughout the report we have included many examples of how the registered manager, staff and provider had provided a very good service to people. People staff, professionals and relatives told us how the service had provided person centred care and made things happen for people. Examples, included the refurbishment of the first floor bathroom, the planning of holidays, activities, the management and support with complex health conditions and that everyone was involved in the running of Kendall House. Relatives told us they were involved, kept informed and found all the staff and the manager friendly and approachable.

Staff were very complimentary of the registered manager's leadership and commitment to the service. Staff told us the registered manager worked alongside them in supporting people. The registered manager was supported by a team leader and two senior care workers. Staff were very positive about the management arrangements and told us they were very well supported. One member of staff said, "People come first and they are the focus of all what we do". They said one of the reasons they liked working in Kendall House was all the team felt the same way. They continued by saying, "It's a real home, which is fun with lots going on".

Relatives confirmed that Kendall House was homely, welcoming with lots of activities being organised. A relative stated, "The return of X (name of registered manager) has seen Kendall House return to its best, long

may her reign. The whole team should be congratulated".

There was an overwhelming view from the staff team that they were proud to work at Kendall House. The majority of staff had worked at the service for many years and staff turnover was very low. Staff were all committed to enriching people's lives and providing them with a homely environment where they were fully involved. Two staff had left the service and returned because they liked working for the provider and the people that lived in Kendall House. One member of staff said they got a lot of job satisfaction because they knew they had made a difference to people's lives.

Records showed that regular input took place with the aim of improving people's quality of life from a variety of health and social care professionals. Professional feedback was sought after each visit detailing the outcome of the visit. There was a section to record how their visit went. Many of the professionals had commented on how knowledgeable the staff were when dealing with any enquiries about people, how homely Kendall House was and how welcoming the staff were. The registered manager told us how they worked well with other health professionals and this helped to improve the care for people living in the home. These relationships was important as any concerns could be responded to promptly or positive feedback given to the member of staff at the time. Health and social care professionals who provided direct feedback to us, without exception said the service was well led, staff were approachable and the focus of the care was the person who was always involved.

There were forums for people, relatives and staff to feedback their views about the service. This included annual surveys, resident meetings, staff supervisions and meetings. Feedback from surveys indicated a great deal of satisfaction. Relatives had recorded they had found the service excellent. Where a relative had ticked good for activities, they said they did not really know about this area. In response the registered manager had set up a monthly newsletter which was sent to relatives about life at Kendall House, which included a summary of the activities that had taken place. This showed the service listened and took action to make improvements not only listening to the people living at Kendall House but their families.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the medication, care planning, training, supervisions, appraisals and environment. The provider had put in suitable arrangements to ensure the quality of the service was reviewed and monitored.

The service had been reviewed in June 2018 by another registered manager who worked for the provider. This audit had not identified any significant issues. The auditor had looked at systems to monitor the service and met with people who use the service and staff. This included a full review of care records. There were some recommendations to archive some information. It was evident that this was being completed from reviewing people's care documentation. The operations manager viewed this as positive as a means to sharing ideas and another pair of eyes looking at the services.

The registered manager and staff told us the operation manager visited regularly to monitor the service to speak with people, individual staff and the registered manager. The operation manager was visiting on the first day of the inspection. The registered manager in addition had compile a monthly report in respect of the care and information about staffing that included a section to record any achievements for people and staff. This enabled the provider to be fully informed about the quality of the care provided to people and where there were risks this was shared.

The registered manager told us how they continued to keep up to date with legislation and current good practice. They attended provider forums with the local authority, which included being part of a dignity and

mental capacity forum. This role was shared with the team leader and the senior carers. This meant there was a team approach to sharing this good practice as other staff had an opportunity to attend. The registered manager also networked and attended regular meetings with other services operated by Care Futures and were provided with regular updates from the operation's manager. Learning was also shared at team meetings from these events. This showed their commitment to working with others to develop best practice.

The registered manager had recently completed an investigatory course in respect of staff disciplinarys and complaints with an external agency. The operations manager commended the manager on their ability to complete this in a very organised, open and transparent manner providing the facts to enable the organisation to make a decision. The registered manager completed this role across the organisation in the provider's other services. They were also the lead for the organisation on health and safety and took an active part in checking other services and liaising with the provider on these matters. It was evident that the registered manager was valued for their expertise in these areas from talking with the operations manager.

The registered manager and operations manager told us about a new initiative they were introducing shortly after the inspection. There were planning to take on six apprentices to work across all the services. This was viewed as positive in bringing in new people to work in the service and aid staff retention. They were excited as all the managers would provide some of the training and support, looking at the expertise within the organisation working alongside the local college. Another initiative they were intending to do was provide an external mentor to assist with development of the managers in leadership and coaching. They had used the external consultant before and had noted the benefits in developing positive team work this was because all staff had taken part. This showed that the service was looking at ways to develop not only as an organisation but their management structure.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes. For example, one person had fallen whilst reaching for an item on top of the wardrobe. In response the provider had low level bedroom furniture put in their bedroom to prevent a reoccurrence.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.