

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

## Kendall House

15 Wesley Lane, Warmley, Bristol, BS30 8BU

Tel: 01179602508

Date of Inspection: 05 January 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Care Futures
Registered Manager	Mrs. Penny Jenkins
Overview of the service	Kendall House is registered to care for eight younger adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spent the day with seven of the eight people living at the home and two members of staff. People were very happy to see us and remembered us when we visited them in February 2012. They wanted to spend time with us and tell us all their news since our last visit.

It was a positive visit and we could see that people were well cared for, supported and loved. We were invited to have lunch, we spoke with people all day and we were asked to play console games.

The two staff members were available throughout the day and both were very knowledgeable about people in their care, the policies, procedures and systems in place to ensure the continued smooth running of the home. They told us that a newly appointed manager would be commencing induction in January and that in the meantime the homes team leader was acting up so that people felt supported and continuity of care was maintained.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

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### Reasons for our judgement

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Independence was promoted wherever possible and people were empowered to make choices that influenced their lives. Staff had sufficient knowledge about individual's to support them when they were considering options available to them.

Before people received any care or support they were asked for their verbal consent and staff acted in accordance with their wishes. All eight people living in the home had the capacity to make decisions and give verbal consent.

Staff recognised that some people required more support than others with more complex decisions. People asked to be supported by their families to help decide what would be in their best interests.

Each person had care plans which gave information about how they wished to receive care and support. People confirmed that they had been involved in developing the plans. We saw that people had signed and dated the plans in agreement to the support they wanted. People were able to ask family members to support them and sign the agreements on their behalf if they wished.

People were supported to take risks balanced on their safety and health care needs. People's capacity had been taken into account when such choices had been made and their right to take informed risks had been respected. Professional advice had been sought from family members and community professionals to assist people who had made choices that may harm them. People had signed the risk assessments confirming their consent.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced effective, safe appropriate care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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At the inspection of February 2012 we found that the care files were disorganised and staff said they were, 'cumbersome to work with', 'confusing', 'complicated, muddled and not user friendly'.

We looked at the files during this visit and found that they had improved. They had been audited and reorganised and staff told us that the files were easier to work with. Short term support plans had been developed for people with short term needs for example, chest infections.

People were receiving person centred support at every opportunity and staff recognised the importance of empowering people to be as independent as possible. People shared with us positive experiences about how they lived their lives and how their confidence and self awareness had developed.

There was some written evidence to support this in support care plans; however they did not reflect enough detail. Staff told us that new care documentation was going to be implemented however because there had been a change in manager this had been delayed.

People's support care plans had been evaluated and monitored to help ensure that people's needs were current and up to date. All plans were reviewed on a monthly basis or when a person's needs changed. The documentation had a holistic approach to care including people's health, psychological and emotional wellbeing.

Risk assessments were in place and they evidenced how people had been supported to try new things balanced on people's safety. One person had decided they would like to self medicate. They had progressed to step two of three and the results were encouraging.

Annual and six monthly reviews were conducted with individuals, significant family members and an allocated key worker. Community health and social care professionals were also invited to the reviews. People had signed to say that they had attended the review.

Staff were confident and knowledgeable about people's past social and medical history and what care and support they required. Documentation provided staff with personal

information which gave them an insight into the lives that people had lived before they moved to Kendall House. This record gave an account of people's interests and hobbies, past important events in their lives and family history.

We saw specialist referrals and visits to other health and social care professionals including, GP's, District Nurses, Chiropodists, Dentists and Opticians. Records of visits and the outcomes were recorded in people's care files.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. Meals and mealtimes were flexible each day dependent on personal preferences and daily routines.

People's opinions of meals prepared and provided were recorded daily to help ensure that they were satisfied with the choice, variety and quality of the food. Staff were knowledgeable about preferences, likes and dislikes and these were respected.

Staff explained to us about people who had previously lost or gained weight and how this was monitored and what action was taken. One person was a diabetic and they told us about what foods they had to avoid and that staff supported them with this.

During our visit people got up at various times throughout the morning dependent on their wishes. Some people told us they had watched films the previous night and had gone to bed late so they decided to sleep in the following morning. Breakfast was served to people at their convenience.

We were invited and joined seven people and two members of staff for lunch. The atmosphere was happy and relaxed, we all enjoyed the meal, talking and laughing with each other. It was evident that everyone valued mealtimes in the company of others. People who had finished their meal were comfortable and confident to leave the table at their will.

People were encouraged and supported to prepare meals if they wished. During our visit they wanted the staff to prepare a brunch full English breakfast. The meal was presented well and people enjoyed a second helping. We saw people being offered and making hot and cold drinks for themselves throughout the day.

People weighed themselves once a week. They told us that a fitness instructor who had been providing them with an exercise class had recently retired and that they were looking at alternatives, including Zumba classes.

Staff told us they received money each week to buy food from local suppliers. The allowance was enough to buy good quality brands and extra funds were available for special occasions and events.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment which was suitably designed and maintained to a good standard.

Kendall House was a well established care home situated in a small, private, residential cul-de-sac. The house had been extensively extended and adapted to provide accommodation for eight people. The facilities were on two floors. Bedrooms were spacious and had vanity units with wash hand basins. People told us they 'loved their home', 'the garden' and that 'it was very clean'.

People had been supported to make their rooms personal and they wanted to show us their rooms during our visit. The provider had been upgrading the home since they had purchased it. During this time bedrooms had been decorated and refurbished to a good standard.

The home had one large communal lounge with plenty of seating for everyone to enjoy watching television or the view of the large private garden. People were spending time in the lounge talking with each other, completing jigsaw puzzles and relaxing.

One person asked if we would play skittles with them on the Wii console. We played three games with this person and some people living in the home watched the activity. It was very good to see that people really felt comfortable, relaxed and invited visitors to share their home and comforts.

There was a well equipped domestic kitchen and adjoined dining room which provided ample seating for people to enjoy dining together. The home was clean and fresh throughout.

There were attractive, well maintained gardens which were fully accessible to people. At the bottom of the garden there was a 'hobbies' room which was currently being renovated. People told us they were looking forward to having new laptops with internet access.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

Effective recruitment and selection processes were in place so that people were cared for by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We looked at all recruitment files. These were kept in a locked cabinet in the manager's office. The files were organised and gave a clear audit of the recruitment processes followed for all staff.

The staff team were longstanding members and had worked in the home as far back as 2007. They knew people in their care well and had built up strong supportive relationships with them. Staff recognised the need to keep up to date with training so that they were competent to carry out their roles and meet the needs of people in their care.

All relevant checks had been completed before staff commenced employment including, CRB's (Criminal Records Bureau disclosures) to help ensure that people living in the home were protected and safe. We looked at staff references which provided information about their personal qualities and previous experience to help ensure that they were honest, trustworthy and that they would treat people well.

People we spent the day with confirmed that staff were kind to them and looked after them well, everyone was very positive about living together and how they were supported. There were photographs around the home of staff that were not on duty during our visit and people living there wanted to tell us about them in a positive way.

We spent the day with two members of staff who were on duty. They demonstrated kind, caring relationships with individual's. Comments from staff included, "We are a strong team that work well together, we are very fond of the people that live here and treat them like they are part of our family" and "I don't feel like I am going to work, there is a home from home feel and I am always happy to be here".

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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