Inspection Report

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: 31 July 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Care Futures
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

Contents

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'.

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 31 July 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.

What people told us and what we found

People that were home during our visit remembered us from previous inspections and were relaxed in our company. We were welcomed by them and they wanted to share with us their news. They told us about how much they liked their new "hobbies room" and how they enjoyed a recent holiday they had all taken.

During the first part of our visit we were assisted by two permanent members of staff. They were knowledgeable about people they supported and provided us with useful information about their experience and views about the quality of service provided.

It was evident they enjoyed working in the home and supporting people. They told us that staff morale was "very good", they felt "motivated" and that they were supported by the manager and team leader. The manager and team leader role had been established for approximately six months.

Staff said that the leadership and continuity had made the home a "settled, happy place". They felt this was because of the management's "quality of knowledge and skills", "they listened to new ideas from residents and staff" and "they worked shifts and were part of a team". The manager and team leader were available towards the end of our visit. It was evident they had established a positive working relationship which reflected in the care, support, kindness and attention that people received. They were enthusiastic about their role and responsibility and shared with us how they wanted to continue to improve services provided for people.

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff were confident and knowledgeable about people and the support they required. The home also worked in partnership with other health and social care professionals to ensure that where appropriate identified needs were addressed through joint support. We saw correspondence in people's files to evidence this.

The plans captured people's needs with regards to their health and social wellbeing and showed a holistic approach to care. Support plans provided staff with specific information about what people wanted. It was evident that people had been consulted by staff and had developed their plans so that they were supported effectively.

Sections were specific under each heading. One example of this was about meeting a person's communication needs effectively. Sections included "What I want others to do when talking to me", "Help I need when using the phone" and "How I use my body to let people know how I am feeling and what I want".

There were some good examples about how staff were able to tell if someone was unhappy. Descriptions included "I put my head down and ignore people" and "Sometimes I will cry". Another person requested that staff were "patient with them when they were talking".

Support plans were individualised. One person's personal care support plan stated that they preferred certain brands of toothpaste and shampoo and did not like bars of soap. Others provided information about specific help and support they needed, one person required help with the shower mat and another person required help with the shower controls.

We asked staff to share with us some examples where people had made progress against their "person centred goals" since our visit in January 2013. The types of goals that people had chosen were individualised and varied in complexity. One person wanted to watch a

live game of rugby and this had been supported by staff. Another person was using the phone to call their relative each week, whereas previously they would wait to receive a call. Their key worker told us that they were now going to support this person to start arranging their own hairdresser's appointment.

Staff told us about how they were supporting to raise financial awareness with two people in the home. One person wanted to arrange a trip abroad and the other person wanted to buy an electronic game. Both people were more aware about how much things cost and were looking at ways of saving a contribution towards what they wanted.

Staff told us about one person who was employed at a café and how this had promoted their social skills and increased their self-awareness and their confidence. The employers had contacted the home and told staff that the person was enjoying extra responsibilities like using the till and that they were more confident when communicating with customers.

Group objectives were also discussed and set by everyone that lived in the home. This year they had chosen a group holiday which they had enjoyed in June this year. They were also involved in developing the new "hobbies room" and decided what they wanted the room to provide them with.

The "hobbies room" was a new development that had been completed in June this year. The room had been developed in a large existing but unused summer house in the garden.. The room had been insulated and central heating and electric had been installed. People had chosen to divide the room into three large areas, which included an entertainment/lounge section, an activities section and an IT area.

We spent time with four people in the "hobbies room" and it was clear to see that it was a popular room that people liked to use. People were using the computers, designing and decorating canvas bags and sitting down in the lounge relaxing and talking with a staff member. One staff member told us "The new room has received an excellent response from residents and they all really like it". People told staff they preferred using "their room" rather than going to a local community day centre that some of them attended.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the homes policy and procedure for management of medicines. This provided staff with clear guidance so that systems in place were safe and protected people. The policy covered ordering, receiving and recording medication, covert administration and self-medication.

Two people were supported to self-medicate at the time of the inspection. Their medication was kept safe in the homes locked facility. The manager was currently looking at providing locked facilities for people in their rooms. The staff monitored people daily to ensure that medication had been taken appropriately.

There were effective systems in place for receiving, storing, administering and returning medication. There was a very small stock kept at the home and medicines that needed to be stored in a fridge were kept in a locked fridge designated solely for this use. Medicines were dispensed by a local pharmacy with medication administration record (MAR) sheets. These gave staff clear instruction about dispensing and administering people's medication.

The team leader had overall responsibility for medication management in the home and this included regular audits. Shortfalls would be discussed with staff and any further actions that may be required. Management of medicines were sometimes discussed at staff meetings to help ensure that continued effectiveness was promoted.

Staff had completed medication training and this was updated when necessary. New staff were observed on all medication rounds until they felt confident and competent to do this unsupervised. The home was also completing practical competency reviews with all staff to ensure best practice was being followed.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People who used the service and people who worked in or visited the premises were not at risk or harm from unsafe or unsuitable non-medical equipment, furnishings or fittings. People benefited from furnishings that were comfortable and met their individual needs.

At the time of the inspection people living in the home were physically fit and were not requiring any equipment to support any health conditions or their mobility. Some aids had been provided following an assessment and were provided and fitted to help support people to be as independent as possible. This included hand rails in the bathrooms and toilet facilities.

The home had good links with district nurses who had previously provided profiling beds and pressure relieving equipment when needed.

Home furnishings were comfortable, suitable for their purpose and were properly maintained. The home had a rolling programme for all areas of the home with regards to refurbishment. Furnishings were replaced immediately when they were no longer fit for their purpose.

Since our last visit in January 2013 we saw that significant improvements had been made within the environment and the facilities that were available to people. People had been consulted and involved in the improvements that had been made. People's bedroom furniture had been replaced; it was a good quality, individualised and comfortable.

As previously mentioned in outcome four of this report various pieces of non-medical equipment and furnishings had been provided in the new "hobbies" building. This included audio, visual and IT facilities. Two large suites, storage facilities, computer desks and an arts and craft table had also been bought for the "hobbies" room.

All installations were used and maintained correctly with reference to manufacturer's instructions, legislation and appropriate guidance. All gas and electrical appliances were properly maintained, tested and serviced.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough staff to meet people's needs.

Reasons for our judgement

Two staff were on duty twenty four hours a day. Two additional staff members were on duty three days a week from 9am until 4pm to support people's activities. This included activities within the home and those attended in the community. Staff told us that they never felt that care and support was compromised. During our visit we saw people supported in small groups and individually.

All staff we spoke with confirmed that staffing levels would increase if dependency levels and needs of people in their care changed. They explained that the need to increase staffing had been rare. As a residential home for younger people there had been circumstances where some people, whose health had deteriorated had been supported to find an alternative care provision.

The home did provide end of life care with support from community health professionals and staff confirmed that when this happened staffing levels would increase in order to be able to support this.

Staffing levels were discussed regularly so that they effectively supported people's busy lifestyles. This was to determine that they were effective and enabled staff to fulfil their roles.

Staff told us that the level of staff absence had always been very low and that all staff were happy to cover extra shifts when there was annual leave and sickness. This had enabled staff to provide a consistent approach to care and continuity for people who lived in the home.

The manager and team leader shared weekend shifts to ensure there was a manager presence during weekends. This particularly supported relatives and visitors who could only visit at weekends. The manager and team leader provided an on call service from 8pm to 8am, seven days a week should staff require assistance or advice.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

All records that we looked at were professional working documents. They were regularly monitored and updated which meant that they contained accurate information. Personal records about people and staff were treated confidentially and kept secure.

The contents of the records about how people wished to be care for and supported were, clear, factual and maintained people's dignity. The homes record keeping policy stated "Records must be factual, clearly written and concise.

In addition to this records evidenced that people were assured that their rights and best interests were protected and that needs would be met. The homes record keeping policy stated "People's records must be available to them at all times".

The home had good systems in place for storing all records that related to the smooth, effective running of the home. The staff were able to provide us with records that we asked for during our visit, efficiently and effectively.

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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