

Voyage 1 Limited

Kenton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kenton House is a residential care home providing personal and nursing care to 17 people with learning disabilities or autistic spectrum disorder at the time of the inspection. Kenton House can support up to 17 people in one adapted building.

Kenton House has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people. 17 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safe recruitment practices were not always followed. However, the registered manager was taking action to address this.

Most of the care plans and risk assessments were up-to-date, person centred, and goal orientated with a focus on achieving outcomes. However, care plans and risk assessments relating specifically to health did not always contain sufficient clarity of detail to enable staff to carry out the support safely. However, the risk was mitigated by staff demonstrating clear knowledge and understanding of how to support people safely.

Regular checks were undertaken in relation to the maintenance and safety of equipment and concerns identified. However, actions and outcomes were not always recorded for concerns identified from these checks. We have made a recommendation about evidencing response to safety checks.

The environment was accessible and met the needs of the people living at Kenton House. There was some required maintenance that once completed would enhance the environment.

Staff were caring. Everyone we spoke with was very complimentary about the service and said they would

recommend the home.

Activities were available to keep people occupied both on a group and individual basis. Activities were organised in line with people's preferences.

A system was in place to ensure medicines were managed in a safe way for people. Staff were trained and supported to ensure they were competent to administer medicines.

People received support with meals and drinks and there was an emphasis on identifying and monitoring likes and dislikes for people using their preferred communication methods.

Staff knew how to access relevant healthcare professionals if their input was required. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

There were sufficient numbers of staff deployed to keep people safe and to meet their care needs. Staff were received appropriate training which was relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Individual needs were assessed and met through the development of detailed personalised care plans, which considered people's equality and diversity needs and preferences. Care plans were up to date and most detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate most risks which had been identified. Appropriate referrals were being made to healthcare professionals when necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. Systems were in place to ensure complaints were encouraged, explored and responded to.

The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

Kenton House met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

We identified one breach of regulations. You can see what action we have told the provider to take at the back of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenton

House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kenton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of inspection was completed by one inspector and the second day by two inspectors.

Service and service type

Kenton House is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people at Kenton House were not able to fully share with us their experiences of using the service.

Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the provider, registered manager, team Leader, registered nurse, senior care worker, and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 12 professionals who are involved with, and visit, the service and had contact back from three of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing recruitment

- Safe recruitment practices were not always followed.
- References for staff members were usually sought from previous employers. However, for two staff members references had not been sought from any of their previous employers that they had worked for. Therefore, the provider was not able to confirm that the conduct of the staff members had been satisfactory in that employment. Following the inspection the provider has provided assurances that appropriate action has been taken to address this.
- For two staff members, we found there were gaps in their employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people. The providers recruitment selection policy stated that details of a full work history and evidence of conduct in employment was required.
- We saw evidence of checklists contained within the staff files which identified what we had found. Following the inspection the provider has provided assurances that a full recruitment audit has taken place and appropriate action taken in response.

The failure of the provider to not obtain a full employment history of staff, or evidence of conduct in employment, is a breach of Regulation 19 schedule 3 as the provider had not obtained a full employment history of staff of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people were mostly recorded in their care plans. However, care plans and risk assessments relating specifically to health did not always contain sufficient clarity of detail to enable staff to carry out the support safely. For example, one care plan in relation to nutrition contained conflicting information in three separate locations. This was raised with the registered manager and resolved during the inspection. The risk was mitigated as staff demonstrated they had good knowledge of the correct information for people which was supported by completed recording charts evidencing the correct safe support.
- Equipment was maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the maintenance and safety of equipment and concerns identified. However, no action or outcome had been recorded for those concerns and there was a risk that concerns would not always be resolved putting people at risk. For example, the sling checks identified slings that needed to be replaced however there was no recorded action on these checks of whether the slings had been assessed as safe to

continue to be used or were to be taken out of commission until replacements had been sourced. We raised this with the provider at the time of inspection and they provided assurances that many of the concerns identified in the checks had been responded to and were no longer a concern and going forwards would implement a system to record the actions taken.

We recommend that the provider ensure they have a robust system in place to respond to concerns from safety checks.

- Staff held practice fire drills to check any risks to people from an emergency evacuation. People's comprehensive personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.
- Environmental risks were assessed, monitored and reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. The registered manager and staff understood their responsibilities to safeguard people from abuse.
- Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member told us, "I would go straight to the registered manager, if not the registered manager then another manager, or use whistleblowing or go straight to CQC".
- Staff were confident any concerns they raised to the manager would be dealt with appropriately.
- Safeguarding information and signposting were displayed within the service.

Using medicines safely

- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. Staff demonstrated they had good knowledge of the protocols.
- People overall received their medicines safely and the staff carried out regular audits to ensure all medicines had been administered correctly. However, during a medicines administration round we observed the Medicines Administration Record (MAR) being signed prior to the medicines being administered which is not in line with best practice. We raised this with the registered manager at the time of inspection who provided assurances that this was not standard practice and managed the incident appropriately. We were satisfied that this did not reflect the policies and procedures in place at the time of inspection and viewed completed medication competencies which supported this.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.
- Throughout the inspection we observed that PPE was accessible and staff using PPE appropriately.
- The home was clean, tidy and odour free. Waste was disposed of correctly.
- Staff were trained in infection control.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the registered manager and operations manager to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated. We saw that some incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams.
- We saw evidence of trend analysis of incidents taking place and how learning had been shared with other relevant professionals to support the best outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating and has been rated as Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. Staff new to care were supported to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Staff received training that enabled them to meet the needs of people living at the service. For example, Epilepsy and Diabetes training. A staff member told us, "You can request any training that is good for the company and good for the guys and see what they come up with". A relative told us, "They seem to know [person] and be skilled. Appear to have the knowledge".
- Staff had regular supervision which enabled the registered manager and provider to monitor and support them in their role and to identify any training opportunities. One staff member told us, "I get supervisions and appraisals. I've had one recently".

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people being offered drinks and food and were supported by staff who had received food hygiene training.
- There was a dedicated chef who planned a summer and autumn menu based on people's preferences and likes. Every morning they take examples of the meal choices for that day to people to enable them to choose their preference from visually seeing the choices and being able to smell them. There were alternative options available to choose from if the two main options were not preferred.
- Information on people's weight was kept up to date in their care records and was monitored. The registered manager told us how they ensured people who were losing weight were referred to the most appropriate healthcare professionals and supported with fortified diets. This was supported by the

information in people's care plans, staff awareness of the information and by healthcare professionals.

- The chef operated a 'traffic light system' monitoring people's food preferences and intake enabling early warning monitoring of changes in people's eating and had a system in place to alert the registered manager. The chef worked with other professionals to support people's dietary needs. For example, for one person the chef met a person with their Speech and Language Therapist (SaLT) and changed all the menus and choices for this person in response to their personal needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. The registered manager told us, "We do have very good relationships with the dieticians here. They come out and do clinics and look at people with PEGs and any concerns we have". PEG is percutaneous endoscopic gastrostomy, a means of feeding through the stomach when oral intake is not adequate.

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. For example, staff contacted GPs and accompanied people to medical appointments. A staff member told us, "SaLT came in and their diets and consistencies have changed and as a result they are now eating a lot better".

- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs

- The service was an older building that required regular maintenance. However, it had been adapted to meet the needs of the people living there. For example, it had a lift that was maintained and there was an accessible garden. We found that there was some required maintenance that once completed would enhance the environment; the hydro pool was no longer in use and the registered manager shared the plans to convert the space into a larger activities space and office.

- People's rooms were personalised and reflected their personal interests and preferences.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.

- Staff were knowledgeable about how to protect people's human rights. Staff described how they sought consent from people before providing care and support. A staff member told us, "Before you do anything you ask them, you observe their body language and their vocalisation if they are unable to say."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same and has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff were friendly and caring when supporting people. Staff spoke about people with genuine interest and affection.
- People's relatives told us that they were well cared for. Their comments included, "Staff are absolutely brilliant. Work really hard. Excellent. Can't fault them at all. Very fortunate with staff", "very happy with the care they receive, very friendly and welcoming", and, "I think it is a fabulous place. They are absolutely wonderful. Care is brilliant".
- Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. For example, we saw that where people had religious beliefs, they were supported to maintain their faith. One person with dietary needs related to their faith was supported by staff to have these needs catered for.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- We observed people being offered activities to choose from to participate in and staff supporting them to communicate using their preferred communication methods. The chef told us how they involve people daily, "I take them to the kitchen and sit them in front of my work bench and tell them what I am doing, let them choose what they are having for pudding".
- The registered manager told us, "It is very difficult as we need to get to know the person and their choices and needs. Key workers get to know them really well and take them out for toiletries and they can make the choices by smelling the products and are encouraged to always do that".
- Relatives confirmed that people were involved as much as possible in their care. One relative told us, "[Staff] explain exactly what is happening and are kind and gentle. They speak to [person] as if she understands exactly what they are saying" and, "I call in regularly and attend the annual get together where they go through everything. They always take on board any ideas. We talk quite openly".

Respecting and promoting people's privacy, dignity and independence

- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves and offered reassurance and actively promoted their independence. The promotion of

independence in care plans was clear and detailed. A staff member told us, "I try to get them to do as much as possible for themselves as they can".

- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.

- We observed staff promoting people's privacy and dignity. For example, closing people's bedroom door when supporting them. A staff member told us, "You treat them exactly the same as you'd like to be treated yourself, so in the bathroom have the door shut, not do personal care in front of everyone, knocking on doors and not talking about them in front of everyone so only those relevant need to know about personal information".

- Care records were held securely in the service and confidential information was respected.

- Staff told us they enjoyed working at the service and wanted to help the people to be involved in their lives. A staff member said, "They are well cared for, they've got so much choice in my view. They've so many places to visit, so many food choices. Whenever it is a person's birthday I always make sure we have something, an entertainer on their birthday, we put on so many entertainers here".

- Relatives confirmed people's independence was promoted. One relative told us, "They take them to wherever they want to go".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating and has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. The registered manager told us, "We encourage active support and so if people have a skill they have learnt, such as holding a spoon, or sponge, then we like to document it in their care plan and make sure staff know this and promote this and support them to maintain that skill".
- Care plans were detailed, person centred and people and their families, where relevant, were involved in regular reviews of their care and support. One family member told us, "If I'm honest they know [person] better than I do. They seem to know what [person] needs and wants".
- People had access to a range of activities including, entertainers twice a week, swimming, music for health weekly, films on a projector, Golf, pony pals, farm animals who visit, theatre companies who perform mini productions, Indian head massage, aromatherapy, reflexology, baking, arts and crafts in a separate activity centre located next to the home. A staff member told us, "We have belly dancers who come, and they love them. They interact so well with people".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, where people had been assessed as having communication needs records of their invitations, reviews and meetings were recorded using pictures and symbols. Easy read information leaflets were also available to people. For example, to aid discussion with people about breast examinations the registered manager had an easy read guide to aid these discussions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives and staff confirmed that visitors were welcomed to the home at any time and encouraged to visit. Relatives told us, "They really don't mind. I could go in whenever I liked", and, "More recently when

visiting they did tea whilst we were there, and we weren't made to feel as we were in the way at all. We quite often ask if they mind if we go over to the activity centre and they always accommodate it".

- People were supported to send cards and gifts to relatives and to maintain contact through phone calls and newsletters.
- We saw people being offered a range of activities to choose from and staff demonstrated knowledge of people's preferences, likes and dislikes when offering these activities to people. Staff confirmed how they work with people and their families to identify activities that are important to the person and support them to take part in those activities. For example, the registered manager told us about how they have supported people to go to church when they want to.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was displayed in an easy read and picture format so that it was accessible to people.
- The service had not received any recent complaints, but the registered manager was able to detail how they would respond to, and manage, a complaint in line with the providers policy procedure.
- Family members confirmed they were comfortable to speak to the staff or manager about any concerns. Relatives told us, "Haven't had a need to raise anything but shouldn't be a problem I wouldn't think", "I don't have any problems, nothing really to complain about", and, "I can't think of any complaints. They keep me posted which is nice".
- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have. For example, one staff member said, "By offering them a choice and watching for their reaction.", and another said, "We'd gage their reaction and if somebody didn't like it then we'd see that and support them".

End of life care and support

- At the time of the inspection no one living at Kenton House was receiving end of life care.
- Records demonstrated that discussions had taken place and people's end of life care wishes had been captured within their person-centred care plans. For example, one person had specified how they wanted to be cared for during end of life.
- The registered manager described how they had links with other services to support end of life care. For example, Macmillan Cancer Support, not just for the person but for staff as well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider mostly had robust quality assurance procedures to help drive ongoing improvements within the service. The provider had an internal quality assurance team who carried out impartial annual audits on Kenton House, including clinical audits, and provided regular updates on new protocols and policies.
- However, the audits in place at time of the inspection did not identify the lack of PRN protocols for medicines, the outstanding recruitment actions and did not include the checking of completed safety check audits which meant there was a risk that safety concerns may not be actioned. The registered manager completed monthly audits which created automatic action plans.
- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice. They told us, "we have a manager's forum where we openly discuss any safeguarding's and what we would have done in that situation and learn from it, not just managers but team leaders are encouraged to come, and nurses are invited also".
- Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was analysed, which helped the registered manager and provider to address where improvements were needed.
- In addition, feedback was gathered using informal chats and regular meetings. Staff were also encouraged to regularly feedback about the service delivery and share ideas and suggestions on how the service could be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager told us, "I like to lead by example. I think they want it to be a nice friendly home. I think staff will respect the home and the people who live here if we keep it friendly. I like to encourage team work. I think just little things like making a birthday cake for people and staff makes them feel valued and just saying thank you is important".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear about their roles and responsibilities. There was a team leader in place who had some management responsibilities and supported the effective management of the service. Staff were positive about the management team and felt supported.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager understood and implemented Registering the Right Support guidance. Kenton House was registered to support up to 17 people living with a learning disability. The principles of Registering the Right Support recommend small services (usually supporting six people or less). The service model and ethos of Kenton House however reflected the underpinning principles of Registering the right support. This was evidenced by; the design of the building at Kenton House was such that it fitted into the environment as a large residential home in line with the other domestic homes in the area. The provider's ethos and strategy were about promoting independence.
- Staff told us that they felt involved in the service and that the management were supportive. One said, "If I've got any issues I can talk to the team leader or manager", and, "I can speak to the manager as our managers have always been open, you can talk to them".
- People's individual life choices and preferences were met. The registered manager and deputy were clear how they met people's human rights. For example, supporting people to follow their religious practices and beliefs and supporting relationships.

Working in partnership with others

- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.
- The registered manager and staff team had positive links with local agencies and people were supported by a regular GP and dentist who knew them well. The registered manager told us, "We have a good relationship with our GP, we can phone and either go there or they will come here. Very rarely have to wait for an appointment. GP makes referrals to any specialists that are needed, and we support people to go to those clinics".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment practices were not safe. Provider did not obtain a full employment history of staff before employment commenced and references were not always available before employment commenced.