

JJ and S (Chippenham) Limited

Kenver House Limited

Inspection report

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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

About the service

Kenver House Limited is a care home that provides accommodation for persons who require nursing or personal care to 30 older people. The service is provided in accommodation over two floors. At the time of the inspection, 28 people were living at the home.

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

We were introduced to people throughout our visit and they welcomed us. People were relaxed, comfortable and confident in their home. The feedback we received from relatives was good. Staff we met and spoke with were happy and proud of the care they provided.

All staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed, and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed, and people received their medicines as prescribed.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

The service was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint. People were supported and helped to maintain their health and to access health services when they needed them.

People benefitted from a service that was well led. The management promoted a positive culture that was open and transparent. The registered manager demonstrated good visible leadership and understood their responsibilities. Quality assurance practices were robust and used to make improvements. Staff were motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenver House Limited on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Kenver House Limited

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 inspection of Kenver House Limited was carried out by one Adult Social Care Inspector.

Service and service type

Kenver House Limited is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home 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.

What we did before the inspection

Before the inspection we reviewed information we had received about the home since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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 used this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who lived at the home and two visitors. We spent a period of time observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with three members of staff, as well as the registered manager and deputy manager.

We looked at three people's care records, together with other records relating to their care and the running of the home. This included three staff employment records, policies and procedures, complaints, audits and quality assurance reports.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with the staff and told us the home offered a safe environment for them. One person told us, "Yes I do feel safe. I have not been here long, but it seems nice". Another person told us, "I feel safe as the staff check on me regularly to see that I am ok".
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedures. Information regarding safeguarding and reporting concerns were available within the home.
- The registered manager was clear on their responsibilities to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed us of incidents that had taken place.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. There were risk assessments in place for people which covered a range of personalised tasks and the environment. Information included the steps staff should take to reduce or remove identified risks to people.
- Where people required additional support to mobilise safely, individual moving and handling risk assessments were completed. For example, where people required the use of hoisting equipment, information on the type of hoist to be used was recorded.
- We received positive feedback from a professional who told us, "The staff have good knowledge of people and will refer people to the falls service if they have identified a risk".

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed. This ensured suitable staff were appointed to support people.
- Since the last inspection the registered manager had recognised more staff were needed at busy times. Extra hours had been rostered to cover these times. This included between 07.00 hrs and 08.00hrs.
- We observed that although staff were busy, people did not have to wait long when they needed assistance.

Using medicines safely

- Medicines continued to be safely managed.
- Staff had received training in safe medicine administration and their competencies were checked regularly.

- Where people required assistance applying topical creams, records provided information on where and when these should be applied. This included visual body maps to identify where staff were required to apply creams for each person.
- Medicines were audited regularly and were stored in a locked treatment room. The local pharmacist regularly audited people's medicines.

Preventing and controlling infection

- Staff continued to complete infection control and food hygiene training during their induction and this was kept updated.
- The registered manager/senior staff monitored staff's adherence to the infection control guidance. Regular checks of the environment took place.
- Staff told us personal protective equipment, such as gloves and disposable aprons were readily available.
- The home appeared clean and tidy. Hand washing facilities were available along with hand gels placed around the home.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the service.
- Appropriate action was taken if people had accidents and records were kept of these.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

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 had remained the same. 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

- The registered manager carried out pre-admission assessments to ensure the service was able to meet the person's needs.
- Peoples care plans were detailed for each identified need they had. Staff we spoke with had a good understanding of each person and knew how to deliver their care and meet their needs.
- Peoples protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning people's care.

Staff support: induction, training, skills and experience

- Staff confirmed they received regular one to one supervision and an annual appraisal.
- The registered manager had an 'open door' policy and staff told us they could ask for advice whenever they needed to. Staff told us they felt supported by the management team.
- New staff had an induction period where they were mentored by senior staff and observed until they were competent within their role and ready to work independently.
- Staff were up to date with mandatory training. Examples included, safeguarding, moving and handling, stroke awareness, medicines, infection control and health and safety. Refresher sessions were booked in for the coming year.
- All staff had also received training in, mental health awareness, challenging behaviour and dignity in care. The staff we spoke with told us this training helped them to have a better understanding of how to care for people.
- One staff member told us how they had enjoyed attending a connecting with dementia course and deaf awareness course. They were able to adapt their learning into their daily role.
- The registered manager told us about how they had supported a staff member to undertake a qualification. The member of staff had difficulties with english and maths due to an identified learning need. The registered manager helped the person to achieve the qualification which they were proud of.

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

- We carried out an observation at lunch time. We observed people were able to eat in several areas around the home. This included the dining room, bar, garden and lounge. There was a relaxed unhurried atmosphere throughout the meal time.
- People were supported and encouraged to eat where appropriate. People were given a choice of what to eat and we observed that a menu board was available.

- Drinks and snacks were accessible all day and offered to people during our inspection.
- People's weight was monitored on a weekly or monthly schedule depending on their nutritional assessment. Staff were aware of the people who were at risk of malnutrition.

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

- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One professional told us, "This is one of the strengths of the staff. They know people well and will refer people to me if they have concerns".
- A GP visited the home weekly to assess and review people's needs or when they changed. The registered manager told us this worked well as the surgery and home had a good relationship with each other.
- People were supported to access appointments with a range of healthcare professionals such as the dentist and optician. Referrals to the falls team, dentist, dietician and other health care professionals were made when required.
- The registered manager was passionate in ensuring people received regular dental check-ups. Some people had moved to the home with very poor dental hygiene. Care records reflected the advice and guidance provided from the dentist.

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

- The environment of the home was designed to assist people living with dementia. For example, signage on doors helped people to find their way around the home.
- Each person had a front door style bedroom door with their room number. On the wall in the corridor next to each person's room was a frame. This contained photos of each person and meaningful memories the person had. An example included that one person had photos of cakes, dogs and Elvis Presley. This helped the person to identify that this was their room.
- Since the last inspection the registered manager had continued to improve the environment within the home. A down stairs lounge had been converted into a pub and lounge area. Patio doors led out onto a new outside decking area with raised flower beds and patio furniture.
- We observed people spending time socialising with their families. A caravan had been purchased and painted in dementia friendly colours.
- The provider continued to have a redecoration plan in place. When rooms became available the handyperson told us, "We like to give the rooms a lick of paint and freshen up before each new person arrives".

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 service was meeting the requirements of the Mental Capacity Act (2005).
- Mental capacity assessments had been completed along with their corresponding best interest decisions.
- Appropriate applications to the local authority for DoLS had been made and progress monitored. Copies of people's legal authorities (powers of attorney for health and welfare and finance and property) were in place. The service used advocates if people did not have representatives.

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 had remained the same. 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

- People were treated with kindness and empathy. An example included, one person was distressed during the inspection. We observed a staff member reassuring the person who in return hugged the staff member.
- People and relatives spoke positively about the care that was provided. One relative told us, "Dad has settled really well here. The staff are very respectful as he gets very confused at times. Another relative told us, "Mum gets amazing care here. I know she is very well looked after"
- Staff spoke in a caring and respectful manner about the people they supported. One staff member we spoke with had worked in many different care homes. They told us this was the best one they had worked in and that the care people received was of a "High level".
- Each person's care needs were diverse and individual to them. Staff had completed training in relation to equality and diversity.
- The provider supported people's families and friends who were coming to terms with their loved one's diagnosis of dementia. The registered manager told us they had arranged for one relative to attend dementia awareness training to help them have a better understanding of dementia. The registered manager told us it had helped the relative to communicate more effectively with their loved one which made visits more enjoyable.

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

- Feedback was sought, and people told us they felt this was valued and acted on. Joint resident and relative meetings were held at the home which was well attended. During meetings a variety of subjects was discussed. At one meeting for example the registered manager discussed planned trips to the hippodrome, fund raising for a bar and replacing staff uniforms.
- Regular reviews were carried out with people to check that people's views were sought regarding the care they received.
- People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.
- People were involved in decision making and were able to express their views. The registered manager had spoken to people about having animals in the home. People had chosen to have a cat and rabbit live at the home. People were consulted about having two lambs in the garden of the home. The registered manager had arranged for a local farm to bring two lambs into the home to see if this had a positive impact. The feedback from people was positive.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. We saw staff called people by their first names and showed respect by knocking on doors before entering people's bedrooms.
- We observed people reacted well to the cat and rabbit which lived in the home. We observed one person cuddling the rabbit on their lap within a towel and another person sat stroking the cat. The registered manager was an advocate for animal therapy bringing comfort to people.
- Since the last inspection three staff members had signed up to become dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient.
- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive way to offer assistance.
- We observed people's families and friends could visit without restriction. One relative told us, "I visit nearly every day. I come at various different times".

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 had remained the same. 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 care plans provided good detail about people's needs as well as their preferences. For example, explaining how staff should deliver care and the person's daily routines.
- People and their relatives had been involved in regular reviews of care plans to ensure these were up to date and met people's needs.
- Reviews captured people's response to care such as if they were happy with their care, what could be done better and what was done well.
- People received personalised care that was responsive to their individual religious or cultural needs.
- People continued to enjoy weekends away and holidays. This was undertaken in small groups and centred around people's personal preferences. Five people and staff had gone away on a turkey and tinsel weekend. The registered manager told us this had a positive impact on one person in particular. Back at the home they would choose to sleep in a chair but whilst on holiday and since returning the person was sleeping in a bed.

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.

- Displayed documents in the home, included information that accessible formats would be provided on request. This included in larger print.
- People's records included information about how they communicated and guidance for staff on how to communicate effectively with the individual.

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.

- People were supported to maintain and develop relationships with people who were important to them.
- Some of the people that lived at the home had previously lived with some other people in a nearby home. We observed they were encouraged to sit together to socialise.
- People's family and friends were welcomed into the home by staff. We observed people spending time with their loved one. One person was sat in the garden with her relatives. The staff brought out a tray of drinks and cakes. The registered manager told us it was very much a home from home.
- Since the last inspection the home had purchased a caravan for the garden. The registered manager told

us this had become a centre point for people to sit in and to socialise with nibbles and wine. We were told one person would often knock on the caravan door calling for her son. She remembered memories of holidays away with her family.

- There was an activity list on the wall detailing the activities on offer for the week.
- People were very much encouraged to participate in activities at the home. People who preferred to stay in their room were supported individually to engage in activities.
- Activities and entertainment included for example, trips the cinema, farm, aquarium and out for pub lunches. In house activities were also carried out which included gardening, painting and quizzes. An entertainer visited the home weekly.
- People were encouraged to take part in art therapy at a local community setting. The registered manager told us that people often reminisced whilst painting and drawing. An art gallery of people's paintings had been created in one area of the dining room.
- The local church visited people who lived at the home. A service was offered to people on a weekly basis.
- The registered manager and staff organised regular fund-raising events at the home. People and their family and friends supported planned events. Fund raising events had been hugely successful to pay for the new bar at the home, raised decking area and for the caravan.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and visitors were advised of how to raise a concern or complaint. This was displayed in the home.
- One person's relative told us, "I visit most days and would speak to the office if I was unhappy. I pop my head round the office door each visit anyway. Another relative told us, "I have no complaints but if I did I would not hesitate to discuss with the staff".
- Records showed that people's concerns and complaints were addressed promptly and used to drive improvement.

End of life care and support

- At the time of the inspection the service was not supporting any person with end of life care. The registered manager and staff explored people's preferences and choices in relation to end of life care. Records included people's preference and information about their culture and spiritual needs.
- The registered manager told us if any person was in hospital unwell and became end of life care they would try to get them back home. Plans were in place for a person to return back to the home to be cared for. However, they had become too unwell to return back home.
- The home was supported by a variety of health professionals that were able to support people who were receiving end of life care. This included the district nurse team and local GP surgery.
- The home had received an array of compliments from relatives regarding the care people had received at the end of their life. An example included, "No words can express what we want to say. We want to say thank you for the excellent care that you gave".

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed a positive staff culture. Staff said they worked well as a team. One staff member told us, "I love the team I work in. It is the best team I have worked in".
- Staff, people and relatives spoke positively about the registered manager and deputy manager. One relative told us, "Both the managers are good at what they do. They are very approachable, and the office door is open for me to pop in and have a chat".
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "Everything we do here is to ensure people have a good quality of life. We do so much with people including taking them on holidays".

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 registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong. An example included a letter written to a family member to apologise about a person's laundry item being damaged. An explanation was given, and the item was replaced by the provider.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- Staff were clear about their responsibilities and lines of accountability. They said the management team supervised them in a supportive style. One staff member told us, "My manager is good at her job. She supports me at work and when I have had things going on at home".
- The management team completed various audits to check people's safety and welfare. This included medication, health and safety, infection control and maintenance. They implemented action plans to address identified concerns and monitored the progress of actions taken.
- The provider completed regular audits of the home to check they were happy with the running of the home. We spoke to the provider about changing the audit tool that they used to make future audits more comprehensive.

- The registered manager understood their legal duties and submitted notifications to CQC as required.

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

- The provider had a system in place to formally gather feedback about the quality of care from people who used the service. Surveys captured people, relative and professional feedback. Action plans were devised in response to this feedback to drive improvement.
- Everyone we spoke with said they felt fully involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had.
- Regular staff meetings took place to give them an opportunity to discuss any changes and raise any suggestions. Staff were also given opportunities to undertake additional training to expand their skills and knowledge.
- Staff that worked at Kenver house received recognition for their hard work. Staff had been nominated for local and national awards which included carer of the year and an unsung hero award. A relative had taken the time to put forward staff for awards and had written a letter expressing the reasons why they had nominated them.
- The registered manager rewarded staff internally with a small token of appreciation in the means of a voucher and card to thank them for their hard work.
- The registered managers vision for the next 12 months was to continue to improve the environment which people lived in to bring them comfort. Plans were in place for two lambs to move into the homes garden. A secluded section of garden was being worked on. A new bird Avery was planned for a section of the garden. The registered manager also planned to stabilise the caravan which was currently out of action so people could use it again. People had been involved with the decision making behind this and very much enjoyed animals.

Working in partnership with others. Continuous learning and improving care

- Kenver House was a disability confident committed employer. They had been awarded a certificate in November 2018. The provider supported potential employers who has a disability by offering an interview and making suitable adjustments to support staff who had a disability. One family member of an employee had written a letter to the registered manager to thank them for supporting their family member with employment.
- The management team attended seminars held by a national provider which supported networking opportunities and to keep up to date with practice. They also provided support and guidance to the home.
- The registered manager attended local care home forum meetings which were run by the local authority. They were able to network with other homes and share good practice.
- The registered manager worked closely with another local care service to share good practice and to support each other. Both managers had met twice to discuss how they could support Kenver House with the recruitment of staff. Experienced staff were taken on as bank staff from the other service to help cover shifts during spring 2018.
- The home demonstrated that they worked well with other agencies where needed, for example with the GP surgery. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.
- The registered manger had built good links with the local church. The vicar often visited people within the service. People were also invited to attend activities at the church. The home supported people to attend church services.