CareQuality Commission

Care Futures

Kendall House

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

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

There was a manager in post and they had submitted an application to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were receiving care that was responsive and effective. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people living at Kendall House. Safe systems were in place to ensure that people received their medicines as prescribed. People were enabled to take control of their own medicines where they had been assessed as safe to do so.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Staff were genuinely caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings and one to one meetings with the manager.

People were involved in structured activities in the home and the local community. These were organised taking into consideration the interests of the people and were organised in small groups or an individual basis. People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

People were provided with a safe, effective, caring and responsive service that was well led. The

organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

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.

People received safe care. The home provided a safe environment for people and risks to their health and safety were well managed by the staff. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.
People received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs. Staffing was planned flexibly to meet people's needs.

Is the service effective?

The service was effective.

People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People and relatives consistently praised the staff for their caring approach.

People received a service that was consistently caring and recognised them as individuals. Positive interactions between people and staff were observed. People were relaxed around staff. Staff took a genuine interest in the people they supported and celebrated their successes.

Staff were knowledgeable about people's daily routines and personal preferences. People were supported by staff that went the extra mile and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People's care was based around their individual needs and aspirations. Staff were creative in ways of ensuring people led active and fulfilling lives. People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans. Staff actively listed to people and they were involved in all aspects of the running of the home.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

Good

The service was very well led.

The manager showed enthusiasm and commitment to providing a good quality service for people.

People, relatives and staff were given formal and informal opportunities to provide feedback on the service. Where suggestions were made for improvement these were acted upon.

Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way. Staff described a cohesive team lead by a manager who worked alongside them. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed by the manager, staff and the provider. Action plans had been developed to enhance and improve the service.

Care Quality Commission

Kendall House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 19 and 20 January 2016. The inspection was completed by one inspector. The previous inspection was completed in August 2014 there were no breaches of regulation at that time.

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

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

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team and the GP practice. However, no feedback was received at the time of writing this report.

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

Good

Is the service safe?

Our findings

People told us they liked the staff that supported them and there was always enough staff. People confirmed they could go out when they wanted and there was always a member of staff to accompany them. Staff told us there were occasions when there was only one member of staff, but often some people would be staying with family. They told us they felt this was safe and people were not put at risk.

Staff clearly understood their responsibilities in respect of keeping people safe. It was clear that people were supported to take some risks in respect of how they chose to live. People were actively encouraged to assist with household chores including meal preparation. Risk assessments were in place to keep people safe. Staff told us that to reduce the risks people were always supported in the kitchen. When a person was engaged in preparing the meal, only one person was supported in this area. When people were using the bathroom, people were given privacy but staff would check the water temperature and ensure the bath mat was down to minimise the risks of scalds or slips and falls as a precaution. Staff told us the water temperatures were checked weekly to ensure they were at a safe level to avoid people scalding themselves. Records were maintained of these checks.

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

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the manager. The manager had assessed the risks when people wished to manage their own medicines. Two people had been assessed as being safe to self-administer their medicines. Care plans were in place describing the support the staff gave and what the person could do for themselves.

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

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they had training and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the manager to respond to any concerns appropriately. One person told us they would tell a member of staff if they were not happy with the way they were being

treated. The manager had raised a safeguarding concern in respect of how one person was treating another. They had taken appropriate action to minimise any further incidents including taking advice from health and social care professionals. From talking to staff this person was more settled in the home with no further incidents.

Environmental risk assessments had been completed, so any hazards were identified and the risks to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose.

Maintenance was carried out promptly when required. A recent audit had identified a number of areas that required attention. This included deep cleaning some bedroom carpets, painting the hallway and small toilet. These had been transferred to the maintenance record book. Staff were aware of the repairs and confirmed the maintenance person would be visiting shortly to complete these.

The home was clean and free from odour and cleaning schedules were in place. Staff were observed washing their hands at frequent intervals and using the hand gel provided. There was a sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. Staff told us a member of staff was employed two days a week to assist with the cleaning of the home. Some people proudly told us they were involved in the cleaning of their bedrooms and prided themselves on how tidy they were.

Staff told us there was always enough staff working in the home. They told us that there was a minimum of two staff throughout the day with one member of staff providing sleep in cover. The manager told us they planned staffing flexibly to enable people opportunities to go out. Additional staff were employed to enable people to attend social events, social clubs and health care appointments.

There were rare occasions when there was only one member of staff. Staff told us this was because of short notice sickness and whilst every attempt had been made to cover with staff or agency, they were unable to find cover. They told us that it was nice when there was only one member of staff working as everyone (the staff and people living in the home) would help each other. Staff said often when there were unfamiliar staff working, some people would disappear to their bedrooms. Assurances were provided that the service remained safe when there was only one member of staff working in the home but they recognised this was not the ideal.

Good

Is the service effective?

Our findings

People told us, they liked the staff that supported them. Relatives told us they had the confidence their relative was supported well by staff who took a genuine interest in them. A relative told us it took a long while to find Kendall House they said, "It's great, I am really happy knowing that X (relative's name) is happy living there, my only worry is if things changed and they had to move on due to health reasons".

Staff told us that before they started to work at the Kendall House, they were asked to visit the home which helped to ensure they understood what was expected of them and it gave them an opportunity to meet with people and the staff. This enabled the manager and potential employees to assess if they had the right qualities for the job. People were asked for their opinion on what they thought of the potential member of staff. New staff worked alongside more experienced staff until they felt confident and the manager thought it was safe for them to do so.

A member of staff told us they had completed an induction which consisted of some face to face training and working through an induction pack. This programme met the requirements of the Care Certificate and consisted of 15 modules to be completed within a 12 week period. The manager monitored progress and completion of the modules.

There was a training programme in place which was monitored by the manager and the provider. All staff had to complete refresher training at regular intervals. Examples included dementia awareness, safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included diabetes, epilepsy and managing behaviours that challenge. Individual training records were maintained for each staff member showing training was current or planned.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for six of the seven people. Each person had been assessed to determine whether an application should be

made. The manager had notified us about the outcome of the authorisations. Information about these safeguards were clearly described in the person's care plan on the reasons for the authorisation. The manager had a system to monitor and keep under review each authorisation ensuring where an authorisation needed to be renewed this was completed in a timely manner. Relatives confirmed they were aware if their relative had an authorisation in place and they had been involved in discussions about this.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff said they supported people to make decisions, for example about what to wear and how they wanted to spend their time and saw this has being very much part of their role. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare when people were not able to understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS) and there was a MCA and DOLS assessment and referral policy. They were able to describe how this legislation impacts on their role. Staff clearly understood the need to seek consent from people before any care and support was delivered.

Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. People told us they liked the food, there was a choice and there was always enough to eat. If people did not like the planned meal then they were offered an alternative. There was a summer and winter menu which was planned involving people using the service. The planned menus were varied and showed people were offered a healthy and nutritious diet. There were opportunities to have take aways which people told us they regularly enjoyed. People were offered a free choice for lunch usually a snack, with the main meal being cooked in the evening. On the day of the inspection each person had chosen a different meal consisting of a variety of tinned soups, cheese on toast and sandwiches. People were involved in the meal preparation and assisted with the washing up.

Daily records were maintained of what people had eaten so staff could ensure people were eating a variety of foods. People were weighed regularly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a care plan which described the support they needed to stay healthy. Staff were knowledgeable about people's health care needs and were responsive to any changes. For example staff were monitoring a person's sleep pattern so that appropriate treatment could be offered. They were working closely with the person's consultant psychiatrist and the GP. Staff told us because of the relationships they had built with people they knew when a person was unwell or in pain, even though they may not be able to communicate this.

The staff understood the importance of regular check-ups in relation to foot care and eye checks for people with a specific medical condition. Each person had been to the GP for an annual health check and had been offered the flu jab. There was information about specific medical conditions in care files to ensuring staff were knowledgeable and had appropriate information to support people. Staff had signed to say they had read and understood the information.

Kendall House is situated in the village of Warmley on the outskirts of Bristol. The home is situated in a quiet cul-da-sac. The staff, manager and the provider had promoted a homely atmosphere. The accommodation

was suitable for the people living in the home. This was kept under review to ensure people were safe to use the stairs. There were two bedrooms on the ground floor. The home is registered to support eight people. The manager told us that in the past one of the bedrooms was a double but this was no longer appropriate. Consideration should be given to reducing the occupancy to seven by submitting an application to vary the conditions of registration with the Care Quality Commission.

Each person had a bedroom which they had personalised with the support from staff. People were very proud of their bedrooms showing us their possessions. People told us they could access their bedrooms whenever. People told us they liked to listen to music or watch the television. There were suitable bathroom facilities to meet people's needs. The kitchen had a large farm house table where people tended to congregate during the day.

A small part of the lounge doubled up as an office for the manager. This was L shaped so it was tucked away. However, consideration should be taken to review whether this was appropriate and people were happy for part of their lounge to be the designated office. All documentation relating to care and support and the running of the home was held securely and locked away.

Good

Is the service caring?

Our findings

All of the people we spoke with during our visit were consistently positive about the care and support they received. From talking with staff and people, the kitchen/dining area was the 'hub' of the home. Many of the people were sat in this area chatting with each other, the staff and the inspector. People were happy to chat about what they were planning to do and what they had done. Conversations were inclusive of everyone and staff worked to ensure this by encouraging everone to participate. This was because staff knew what people were interested in. Staff and the people clearly knew each other well. We observed warm, caring and kind interactions throughout our visit. The atmosphere in the home was warm, welcoming and friendly. It was clear that people using the service and staff regarded Kendall House as people's own home.

People told us the staff were kind. They told us how the staff helped them throughout the day.

People had been out bowling on the morning of the inspection; staff shared with people their excitement and celebrated their scores. One person told us they had been happy to watch the bowling. It was evident it was their choice. They told us they had been supported to go shopping afterwards because that is what they wanted and preferred to do.

People expressed their views and were involved in making decisions about their care and treatment. People's care files were person centred and individual to them. Information in the care records was detailed and identified people's preferences, and personal wishes. This included personal care routines, food choices, and interests. People had contributed information about their likes and dislikes, long term goals and what their expectations were in relation to their care. It was clear that people living at the service remained at the forefront of everything that happened.

Staff knew people well and were familiar with each person's likes and dislikes. People were actively seeking out the staff during the inspection.This showed they liked the staff that were supporing them. It was evident that positive relationships had been built between staff and people living at Kendall House. Staff were able to tell us about each person's personal preferences and what they liked to do during the day.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly. Staff had taken the time to get to know people's family history and other relationships that were important including nieces, nephews and cousins. Care files contained photographs of family members to aid people's memories. People were encouraged to talk about their families and friends. One person told us about a friend that had died. Staff were caring towards this person acknowledging their loss and offering comfort.

People confirmed they were regularly supported to keep in contact with family. This included staff supporting with the transport arrangements. Staff told us one person visited their relative independently. Staff supported the person to get to the bus station enabling them to purchase the ticket. The person would then travel independently where they would meet with their relative at the other end. Staff told us they kept

in contact with the relative until they knew the person had arrived safely. This encouraged the person to have some independence. Relatives confirmed the staff supported people to keep in regular contact with them which included regular phone calls and visits. One relative told us "It does not matter when you visit you are always made to feel welcome". Relatives praised the staff on their caring attitudes and for always taken an interest in people.

People told us they had regular contact with friends through the clubs they attended and social events. People told us barbeques were organised in the summer where they could invite their friends and families. They also told us about parties that were held at one of the other homes owned by the provider. This included a summer fayre and a Hawaiian themed party. Relatives confirmed that they were invited to these social events.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and, they spent time with them on a one to one basis. Staff told us as part of the key worker role it was their responsibility to ensure they had sufficient toiletries and supported them to go shopping for items of clothing. However, staff told us that although the key worker role was in operation it was everyone's (all staff) responsibility to support and care for people. People knew who their key worker was and told us they liked all the staff that worked in the home. People told us they had chosen who they would like, to be their key worker. Relatives were aware of the key worker role and confirmed the member of staff kept in regular contact. One relative said, "X (staff's name) will always phone if something is wrong and let me know", an example being given if the person was unwell.

Staff took the time to get to know about people's interests and hobbies. One person particularly liked a TV programme, their keyworker told us they had tried to find out as much as possible, to enable them to talk and build a positive relationship with them. The person told us their key worker had taken them to an exhibition based on their interest which they had thoroughly enjoyed.

Staff were observed knocking on bedroom doors and asking permission before they showed us around the home. Some people were happy for staff to show us their bedroom whilst others proudly wanted to do it for themselves. Some people had chosen to have a key to their bedroom door affording them further privacy. All bathroom and toilet doors could be locked. Staff were able to gain access in the event of an emergency.

Staff were caring in their approach to people and took an active interest in what they were saying. The organisation had recently introduced an employee of the month award. A member of staff told us, one of the team had recently been nominated and had won the award. This was because they had gone the extra mile when a person was unwell including accompanying to hospital and staying with them. This was confirmed in the provider information return with the manager stating that some staff in their own time visited a person in hospital. In addition, staff working in the home were allocated times they could visit the person to assist in reducing their anxieties and provide personal care and support with meal times.

People were asked about any end of life preferences they may have. This included the type of funeral, who to contact and any special arrangements. Some people had expressed a wish to stay at Kendall House because this was their home should they require end of life care. The manager told us in their provider information return they were planning to expand on the information they have so that more advanced plans could be put in place. This would involve family where relevant and health and social care professionals. They told us this would be in place within the next six months across the three services within the organisation.

Good

Is the service responsive?

Our findings

We saw and were told about lots of examples where the care delivered was responsive to people's needs. People told us that, when they made suggestions to staff these were supported. For example, some people had requested to go horse riding. Despite the potential risks staff had supported them to do this. As part of the process the GP was contacted to discuss any known risks in respect of this activity. Another person told us about how they were responsible for the chickens that were kept in the garden and how they had grown tomatoes during the summer. This supported them in feeling valued and had enriched their quality of life. Another person had wanted to do archery and had done this on holiday. Staff were exploring whether there were any local archery clubs to enable this person to continue with their hobby.

Day care staff were employed to support with activities both in the home and the local community throughout the week and in the evenings. People had been bowling and were planning to attend a disco in the evening on the first day of the inspection. People told us about the social clubs and day centres they attended, and the work one person did at a local city farm. People had a designated hobby room which was equipped with arts and crafts, games and computers. This was situated at the bottom of the garden. People confirmed they regularly accessed this area.

People told us they were supported to go to the theatre, concerts, cinema, swimming and shopping. Each person had an activity planner detailing the activities they enjoyed. People were seen doing colouring, jigsaws, reading a book and writing in the afternoon on the second day. There was a good banter between staff and people who were enjoying the activities they were completing. Two people told us they had been shopping for the household groceries in the morning and everyone when we arrived was helping put the shopping away.

People told us they were supported to go on an annual holiday and were given a choice of where to go and who with. Some people had been to Butlins and others had gone to Devon. Photographs were displayed in the home of activities people had taken part in. Risk assessments had been completed in respect of the holiday and activities that people took part in ensuring their safety.

People told us about the meetings that were held which enabled them to make suggestions about activities and what they would like to eat. These were held regularly and people were asked about any improvements that could be made in respect of the care delivery. Where suggestions had been made we saw the staff had responded to these and organised the activity or updated the menu. This further evidenced how the staff were responding to people's needs.

People had their needs assessed before they moved to the home by the manager. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. These had been kept under review. Staff told us this was important, for example, if someone was showing early signs of dementia as you could make a judgement on what they were doing when they first moved to the home to the present day. Staff told us they were monitoring one person for the early signs of dementia and working closely with other professionals. A health

professional was involved in the early screening process.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. Some people kept their care files in their bedroom whilst others had chosen for these to be kept by staff. People confirmed they could access their information whenever they wanted. Care plans contained both pictorial and written information. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example, referrals to the local community disability team for an occupational therapist assessment to ensure the environment was suitable and the speech and language therapist in respect of risks in relation to choking.

Care plans and risk assessments were of a good quality which clearly identified any risks and people's individual needs. Regular reviews took place with the person and their key worker. We saw in one care file 'post it notes' indicating where information required updating. A member of staff told us the manager had sat with them reviewing the care file. Some of these were in respect of information such as the statement of purpose and service user guide being recently updated, or where a document needed a date or a signature. Relatives confirmed they were invited to care review meetings at least annually.

Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and the hospital passport would be shared with hospital staff. This included making contact with the Learning Disability Liaison nurse based at the hospital.

The manager told us about a situation when they had supported a person in hospital. This was because they were refusing treatment and the hospital staff were unable to communicate effectively with the person. In response staff had supported the person until they were safely sedated and then when they were in the recovery room. This was due to the level of anxiety of the person which was reduced when familiar staff were present. This had enabled the procedure to successfully go ahead. Staff knew this person was interested in a particular hospital programme. They were able to reassure the person explaining exactly what was happening and when in a way they could understand using the characters of the programme.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. There had been one complaint raised in the last twelve months. The manager had clearly and politely liaised with the relative advocating for the person living in the home explaining about the person's right to make choices. People consistently told us that they did not have any concerns but could raise any issues with any member of staff especially their key worker or the manager. Relatives confirmed they were aware of the complaint process again telling us they had no concerns.

Good

Is the service well-led?

Our findings

In the last six months there had been a management change with some organisational swaps in respect of the registered managers moving around two of the homes owned by the provider. The new manager had worked previously at Kendall House but then had managed another service for the last ten years. They were enthusiastic about returning to work with the staff team and supporting the people living at Kendall House. The manager had submitted a registered manager application with the Care Quality Commission.

The manager showed genuine gratitude and appreciation for the staff when they had responded well in certain situations and provided positive feedback and support. A member of staff said, "I am very lucky to work here, it is how it should be for people" and another member of staff told us, "It's my first job where you are actually thanked for the work you do, I feel valued and listened to". Staff confirmed there was an on call system in place which was shared amongst the three senior staff and the manager.

People spoke positively about the manager, clearly knowing who she was and her role within the home. The manager told us she often supported people and worked alongside the staff team. Staff spoke positively about the manager stating that she went the extra mile in supporting them. A member of staff said the manager had supported them through the induction process clearly explaining their role and the expectations of the service. From talking with staff it was evident that they were committed to providing people with care and support that was individualised and that Kendall House was people's home first and foremost.

There was a clear ethos which was to support people to lead ordinary lives within a caring and inclusive family environment. People were encouraged to be independent and very much involved in the life at Kendall House whilst maintaining contact with friends and family. People told us they were very happy and Kendall House was their home.

The manager told us about the strengths and development needs of the staff team. Both the manager and the staff described a team that worked together. The manager was able to demonstrate how they managed the staff to ensure they were supporting people effectively and responding to their changing needs. Staffing was planned flexibility around the needs of the people ensuring there were opportunities to participate in activities both in the home and the community. Relatives told us that their relatives were always doing something or other and it was a really active house.

People's views were sought through an annual survey including that of their relatives. People expressed a high level of satisfaction with the care and support that was in place, the environment and people knew how to complain. Comments were positive about the care and support that was in place. The manager told us they had not completed a survey for 2015 as they were new to post and wanted the opportunity for people and their relatives to get to know them. These had been sent out in January 2016. Previous surveys had been analysed and any areas for improvement noted and actioned.

Staff views were also sought through an annual survey, supervisions and team meetings. Staff told us they

were confident they could raise concerns or make suggestions to the manager and these would be acted upon. Staff told us the manager was really organised, which had enabled them to find all the information that was required as part of the inspection process.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, mental capacity and administration of medicines.

We found that regular reviews of people's care plans and risk assessments were undertaken. The manager along with the person's key worker had recently reviewed some care files to ensure they were up to date and contained relevant information. Relatives confirmed they were invited to care review meetings and were kept informed about any changes.

All relatives spoke extremely positively about the running of the home. Comments included, "The staff always make you feel welcome, it's really homely and friendly" and, "The staff genuinely take an interest in people, I cannot fault the home, and X (name of the person) is really happy there". Relatives said they were confident in the care and support their relative was receiving and they were lucky to have found such a lovely home. One relative said, "You just know they are getting it right, as X (person's name) is always happy to return to Kendall House".

Systems were in place to review the quality of the service. These were completed by either the manager or a named member of staff. They included health and safety, checks on the first aid equipment, medication, care planning, training, supervisions, appraisals and environment.

The manager told us the provider's representative visited at least two or three times a month to monitor the service. One of the visits was to provide supervision to the manager and the other was monitoring the quality of the service and meeting with people and staff. Reports were maintained of the visits. The manager had to compile a monthly report in respect of the care of staff and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. The manager told us they had asked the provider's representative to attend staff meetings so the staff did not feel isolated and recognising they were part of a larger organisation. Staff confirmed the provider representative regularly visited to speak with people, individual staff and the manager.

The manager and the team had developed a business plan for the forth coming year. Areas included making improvements to the garden, building on the team dynamics improving on communication and reviewing the medicine system. The manager told us they were planning to purchase electronic tablets for people to aid communication as this had been effective with people in one of the other homes. Staff were aware of the action plan and what steps had already been taken. The manager recognised that the internet access required improving as part of the improvement plan. The manager told us they had to go to another home to send information to us or other professionals as the internet access was poor. They recognised this this could delay information being sent promptly.

Information received before the inspection provided us with further information about where the service could be improved with clear timescales for action. The improvements were about enhancing the service rather than shortfalls.

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe. The registered manager reviewed each incident and accident form to ensure appropriate action had been taken.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.