

Freeways

# Kenneth House

## Inspection report

487 Gloucester Road  
Horfield  
Bristol  
BS7 8UA

Tel: 01179511082

Website: [www.freeways.org.uk](http://www.freeways.org.uk)

Date of inspection visit:  
19 November 2019

Date of publication:  
12 December 2019

## 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

Kenneth House is care home located in a large Victorian house in a busy and well-connected part of Bristol. The service provides support for up to eight people who have learning disabilities, autistic spectrum conditions or additional needs. Six people were living there at the time of the inspection.

The service 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.

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

People told us they felt well treated and supported at Kenneth House and relatives were positive about the care and support their loved ones received.

People were safe and protected from avoidable harm or abuse. Staff understood their responsibilities and received regular training to ensure people were safe. Where risks had been identified, assessments were in place and action was taken to manage risks where possible. This included risks relating to fire and infection control issues.

People were supported by enough staff and there were no staff vacancies. Staff were safely recruited, and people were involved in this process. Staff were competent in carrying out their role, and they felt supported by their colleagues, the registered manager and the provider.

People received their medicines safely and as prescribed. Staff received training to ensure they were competent in administering and managing medicines. Some checks required more consistent completion, although risks to people was low.

People were supported to eat and drink enough to maintain a balanced diet which met their needs and preferences. People had access to routine and specialist healthcare services. Staff worked with other agencies and professionals to ensure people received effective care which met their needs.

The service continued to provide a high standard of person-centred care. People's needs and preferences were assessed and informed care plans. Care plans were regularly reviewed and gave guidance to staff about what people could do for themselves and how best to provide support. People's capacity for making particular decisions was assessed. People were supported to have choice and control in 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support now focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The staff we saw were positive and caring and treated people with dignity and respect. People were encouraged to participate in meaningful activities and maintain and develop relationships with friends and families.

We received positive feedback about the registered manager. They demonstrated knowledge of and commitment to people, staff and the service. The management team was open and transparent when lessons could be learned, or improvements made in the service. Systems were in place to monitor and review quality and performance, and actions were taken when shortfalls were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (report published 12 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kenneth 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 inspection was carried out by one inspector.

#### Service and service type

Kenneth 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.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes 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 all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with five people who used the service. We spoke with three members of staff, as well as the registered manager, assistant manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicines 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 were reviewed. This included policies and procedures, quality assurance and health and safety documents.

We considered this information to help us to make a judgement about the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided additional information and policies. We spoke with three relatives to find out more about their experience of the care provided at Kenneth House. We received feedback from three professionals who had contact with the service. Their comments have been incorporated into this report.

# 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 were protected from abuse and harm wherever possible. Staff knew how to keep people safe, and regular training ensured their knowledge and skills were current. A policy was available to guide staff.
- Staff told us they would report any concerns. They were able to describe clearly what they would do to ensure people were protected from harm.
- Care plans and systems were in place to ensure people were supported safely if they displayed behaviours which may challenge others. Staff were aware of this guidance and could protect people from unnecessary risks or harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. A programme of regular checks was in place and risks were assessed. Environmental risks assessed included fire, water safety and trip hazards.
- Plans were in place to support people in emergency situations. These included a business continuity plan and personal emergency evacuation plans (PEEP) which ensured people received the support they needed to stay safe in the event of an emergency.
- Care records contained individual risk assessments which reflected people's needs. This included risks associated with medicines, health conditions, household tasks and finances. One person had a specific risk assessment because they chose to keep a lot of items in their bedroom. The fire service had assessed the risks and provided guidance about potential hazards. Information such as this helped staff to support people safely and manage risks.

Staffing and recruitment

- People were supported by enough staff to meet their needs. There were no staff vacancies, and a risk assessment had recently been completed to check staffing levels were safe.
- Staff rotas were planned in advance, and these were flexible according to changes in activity or need. People were supported by staff they knew.
- During the inspection, staff had time to spend with people and did not appear to be rushed. Staff told us they felt there were enough staff to support people. Staff told us, "We have time to chat with people. That's important to get to know them." A relative said, "Staff work really hard to do their best."
- People were actively involved in the recruitment of new staff.
- The provider held recruitment information centrally away from the service, but we saw evidence that pre-employment, criminal record and other checks had been carried out. These checks ensured staff were suitable to work with vulnerable people.

### Using medicines safely

- Staff supported people to receive their medicines as prescribed. Staff who administered medicines had received training and regular checks ensured they were competent in this area.
- People's medicines were stored safely, although we found the temperatures in one stock cupboard had not been consistently recorded. Temperature changes can affect the effectiveness of medicines. We highlighted this to the registered manager during our inspection, who planned to review the checks.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed. Staff were required to sign an additional form to confirm people had received their medicines. This form had not always been signed. We discussed this with the registered manager, who planned to review this practice with staff.
- Staff knew people's preferences when taking medicines and this information was available for new staff.
- A medicines audit had been carried out to monitor safety and ensure risks were managed. Areas for improvement had been identified and shortfalls were being addressed.

### Preventing and controlling infection

- The main areas of the service were clean and tidy, and staff were knowledgeable about the principles of infection control.
- Cleaning schedules were in place, and staff and people who lived at the service all contributed to day to day tasks to keep the environment clean.
- Some people living at the service stored a lot of items in their bedrooms, including household items. Potential infection control risks were associated with such behaviours, but staff had taken actions to manage and reduce risks where possible. This included creating agreements with people and carrying out risk assessments to keep people safe.

### Learning lessons when things go wrong

- Systems and processes were in place to record and review accidents and incidents. The service aimed to learn from incidents and made changes where necessary. This ensured staff were able to keep people safe and protected from avoidable harm.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection there had been several different versions of a training matrix in place. This made it difficult to establish what training staff had completed. After this inspection the registered manager sent a clear and up to date version of the current training matrix.
- Staff attended a range of essential training in subjects such as fire, health and safety and safeguarding. Some new staff had not been able to attend training when they first started in post, but had places booked in the coming months. Staff told us training was good and it gave them the skills and knowledge they needed to support people effectively.
- New staff completed a programme of induction and people who lived at the service showed new starters around the house on their first day.
- Staff received supervision regularly, in line with the provider's policy. Supervision is when a staff member meets with a senior colleague to review their work and development needs.

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

- At our last inspection we found that eating and drinking guidelines had not been recently updated or needs reviewed. At this inspection we saw the guidelines had been checked and updated and reflected people's current needs.
- Information was in place to support people and staff. For example, one person had agreed to follow a set of healthy eating guidelines to reduce the risks associated with them overeating. A copy of the agreement was available for reference.
- Staff were able to meet people's needs and preferences and support them to eat a balanced diet and drink enough. People took it in turns to each choose a main meal that everyone shared each day. Recently one person had encouraged others to join them in trying a vegan diet for one week.
- People were able to choose where they ate their meals. Some people chose to eat at a dining table, whilst others preferred their meal in the living room. People told us they enjoyed helping with meal preparation.

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

- The provider completed assessments before people moved into the service to ensure it was suitable and their needs could be met. This included assessing people's physical, mental health and social needs. Care plans were informed by assessments.
- One relative told us they felt the local authority assessment which had been completed some years before did not accurately reflect their family member's needs. The provider was working with the family and the person to ensure support and care delivery within the service was effective.

- Care plans were regularly reviewed with people and their representatives to ensure the service provided continued to meet their needs. Action was taken if people's needs could not be effectively met in line with standards and legislation. For example, one person had recently left Kenneth House because the service recognised that it could not provide the right care and support for the individual's needs.

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

- Care records showed that staff worked with other professionals to ensure people received effective care which met their needs. This included attending routine and specialist healthcare services.
- Records and correspondence showed appropriate referrals had been made to health professionals and advice provided had been acted upon wherever possible.
- One professional told us the information and guidance they gave to staff was complex, but they were reassured when staff carried out further research to ensure they fully understood what was required.
- When talking about a person who had moved to another service, another professional told us, "We could do things much more easily at the next placement because of all the person-centred information they'd found out at Kenneth House."

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

- Significant work had recently been carried out at the service to improve the environment for people. The building and equipment met the needs and preferences of people who lived there. An ongoing plan was in place to refresh and decorate communal areas.
- Separate living areas and a secure garden area meant that people could use different communal spaces as they wished.
- People's bedrooms were decorated to reflect their interests and preferences. One person had been encouraged to have their bedroom repainted, but they were unsure about this because they would find the upheaval distressing. Staff were supportive of the person and their needs.

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.

- People's capacity was assessed for making particular decisions. When people lacked capacity to make a particular decision, mental capacity assessments and best interest decisions were completed and recorded.
- A DoLS application had been authorised for one person. Conditions which had been applied were being met.
- Staff understood the principles of the MCA and had received training to ensure they knew how to apply these in practice.

- Staff offered choice to people and asked for their consent when offering support whenever possible. For example, regarding food, activities and routines.

# 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. 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 told us they felt well treated and supported at Kenneth House. Comments included, "The staff are nice, and they help me," and, "It's nice, I like the staff."
- People's relatives said, "I don't have a second thought that [they] are not totally happy and 100% secure," and, "They're doing their best with the resources they have."
- During the inspection, staff were kind and caring towards people. They spent time with people and were patient and encouraging in their approach.
- Staff had good relationships with people and appeared to know them well. Information was available for new staff about each person's life history, preferences and interests. A staff member said "I know people well. I've found out about them. We always try to understand and make sure people are ok."
- People's needs under the Equalities Act 2010 were identified and respected in an individual way. This included people's needs in relation to religion, age, culture and sexuality. Two people were active members of the local church and had recently been supported to be baptised there. One person had been assisted to get new tattoos and another was regularly supported to attend football matches of the team they supported. In ways such as these, people's diverse individual needs were respected.

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

- People were encouraged to express their views and be involved in decision making about their care. For example, some people had chosen not to participate in formal care reviews and others had chosen methods which were of value to them.
- Decisions about household matters or activities were discussed during house meetings. Clear notes were kept so that people were aware of plans, decisions or agreements.
- Where they could, people often signed their care plans. This was not always consistent, and during the inspection we discussed the importance of demonstrating the involvement of people in discussions about their support needs. The registered manager planned to review records.
- Surveys about the service had recently been completed by relatives and professionals, and plans were in place to complete questionnaires with people who lived at the service.
- Relatives told us they were involved in decision making and care reviews when this had been agreed with their family member. One relative said, "They do keep me informed, and I try to be honest with them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. For example, staff only entered people's bedrooms with their explicit permission.

- Staff aimed to support people in ways that respected their dignity. For example, it was important to one person that they regularly had their hair cut and coloured, however visiting the hairdresser made them very anxious. Different ways of supporting the person had not been successful, and so staff had arranged for a hairdresser to attend Kenneth House regularly. This reduced the person's anxiety and ensured their dignity was respected by enabling them to maintain their appearance.
- People were supported to be independent where possible and all contributed to day to day tasks in the service. For example, washing dishes, laundry and cleaning tasks. One person told us, "We help with the cooking. We all have different washing up days. We all have different house jobs. I like helping." A member of staff said, "It works really well, people help each other and the team gels too."
- Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

## 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. 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

- The service continued to provide a high standard of person-centred care.
- People's care plans contained relevant information and identified things that were important to individuals. This provided guidance for staff about how to meet people's needs and preferences. For example, one person's care record stated, they were able to make their own breakfast and sandwiches, but they were not keen to prepare meals because their hands were shaky. Another person's care plan contained guidance about what aspects of showering the person could manage themselves and outlined the tasks they needed help with.
- Care plans were regularly reviewed, although some care records would benefit from a more detailed update and refresh of paperwork to ensure all information is accurate and current.

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.

- Staff had a good understanding of people's information and communication needs. Information was available in different formats including easy to read and pictorial documents.
- Care records contained individualised information about how to communicate with each person. For example, whether the person was able to hear well, and the level of information they could understand.
- Information about individual's communication needs was shared with other professionals when necessary and with people's consent.

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

- The service was responsive in meeting people's needs and preferences. For example, supporting people to attend events, social drop in activities and groups run by the provider.
- People told us they were supported to take part in activities that were meaningful to them. One person enjoyed participating in a choir for people who had learning disabilities or additional needs, and they talked enthusiastically about this activity.
- In one person's care review it was noted, "[Name] has a huge capacity to enjoy life. It is clearly very important for [Name] to remain independent with a full and active life and friends and family around them." Their care record showed that they continued to have a full and varied programme of activities.

- One relative told us, "[Name] is very integrated, and very happy, they're so, so happy."
- Ideas about activities were regularly discussed at staff and house meetings. People were encouraged to put forward their ideas
- People were supported to maintain relationships with friends and relatives, and visitors were welcome at Kenneth House at any time. A relative told us, "We keep in touch and we do see [Name] quite regularly."
- People were supported to develop new relationships which met their needs. For example, one person had previously looked into developing friendships and relationships through specialist websites and another had attended a 'relationships group'. Two people lived at the service as a couple. In each of these cases, staff sensitively considered individual safeguarding and wellbeing issues.

#### Improving care quality in response to complaints or concerns

- Systems and policies were in place for recording and dealing with complaints. The service had received several complaints from people who lived at the service in the previous 12 months. Many of these concerned relatively minor issues but demonstrated that people were able to access and use the complaints process. All the issues which had been raised had been addressed and resolved wherever possible.
- People told us they were happy to speak with staff if they had concerns. One person said, "I always speak with [registered manager]. No problems."
- Relatives told us they would feel confident if they needed to make a complaint. Some relatives had raised concerns with the registered manager and had been satisfied with the response they received. One relative added, "Things have improved. They've done a lot, but there are still improvements to do."

#### End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.
- Some care records contained information about people's wishes after death. Where they were recorded these were person centred. For example, one person had stated that they wished flowers at their funeral to reflect their love of football.
- We discussed the recording of people's end of life preferences and wishes with the registered manager. They told us the provider had recently introduced a strategy to support staff to manage end of life discussions sensitively and appropriately.

# 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 provider had values which were reflected in the practice of staff during our inspection, for example putting people first and being active in the community. A staff member told us, "[Staff] are really on it with making sure people get what they want and helping people."
- There was a relaxed atmosphere, and staff provided the support people needed to achieve good outcomes. Staff were positive about the service. One staff member told us, "It's great. I love it here. I wouldn't work anywhere else."
- Professionals gave positive feedback about the service. They felt the culture supported people well. One professional said, "They went above and beyond to accommodate and support [Name]."

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open and transparent when lessons could be learned, or improvements made in the service.

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

- A consistent registered manager continued to be in post. They demonstrated knowledge of and commitment to people, staff and the service.
- The registered manager understood their role and responsibilities and worked with staff and senior managers to meet regulatory requirements. The previous CQC rating was displayed in the service and on the provider's website.
- Professionals enjoyed working with the registered manager. Comments included, "I work well with [registered manager]. I can talk completely openly with him and he's honest."
- Staff told us they were clear about what was expected of them and they felt well supported to provide high quality, person-centred care. One staff member said, "The manager is supportive, [they] have lots of time for the staff."
- The provider had quality assurance processes in place to monitor and improve standards. Audits were carried out regularly, and action plans were in place and regularly reviewed to ensure improvements were achieved.

- Senior managers carried out monitoring visits and reviewed action plans regularly.

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

- Regular house meetings took place, and people who lived at the service routinely took part. Recent subjects discussed included trips and events, the day to day running of the service and health and safety information.
- A newsletter was published regularly at the service. This included photographs and updates about recent events and ensured people, families and friends were kept informed.
- People were able to give feedback about the service on an accessible app on an electronic tablet. Feedback included compliments, complaints and general feedback. The issues raised on the app were monitored by senior managers and actions were taken as necessary.
- Staff meetings were held regularly. These ensured staff were informed about a range of issues and encouraged open communication. Issues discussed at recent staff meetings included safeguarding, notes and records, organisational Brexit plans and the support given to people. The provider held an annual staff conference which this year had focussed on safeguarding awareness and the Mental Capacity Act.

Continuous learning and improving care

- The management team were open and responsive during our inspection. They were keen to continue to improve the service.
- One professional told us, "[Registered manager] was always swift to tell me if there had been an incident, but also when something positive happened." One relative said, "They do really well now. I check. Things are better."
- Compliments had been received from people, their relatives and professionals. Comments included, "Excellent, can't fault anyone," "Staff are helpful," and, "They treat people as individuals and respect their needs."
- A card from a relative read, "Thank you with our endless gratitude for looking after [Name] in this past year with such profound kindness and generosity."

Working in partnership with others

- Staff worked with a range of professionals and the local community to ensure people's needs were met. This included local churches, social workers and health care staff.
- Specialists provided support and guidance where necessary, for example regarding behaviours which challenged, or physical health conditions. This ensured people received high quality, person centred care.