

Kendale Hall Care Home Care Home Service

Kendale Hall
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Arbroath
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Type of inspection:
Unannounced

Completed on:
11 October 2024

Service provided by:
Kendale Hall Limited

Service provider number:
SP2023000430

Service no:
CS2023000417

About the service

Kendale Hall, part of the Kennedy Care Group, is a care home situated in the seaside town of Arbroath, Angus, and is registered to provide care to a maximum of 19 older people.

The home is a converted traditional mansion house and retains many original features, including large, well established grounds.

The building has two floors, accessible by a lift. All bedrooms have en-suite facilities, and there is an adapted bathroom on the ground floor. There is a lounge and separate dining room, as well as a bright conservatory, looking over the grounds and a hairdressing salon.

Kendale Hall is close to the harbour and local shops and is convenient for public transport.

About the inspection

This was an unannounced inspection which took place on 9 and 10 October 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and five of their families
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service used a variety of different methods for obtaining feedback from people, and used this to improve outcomes for people
- Quality assurance held value, as it identified areas for development in order to make improvements
- Staff worked well as a team and were kind and caring
- People had confidence that any issues or concerns were dealt with appropriately and promptly
- The manager was visible and led the service well
- The service could improve on supporting people to access the local community more frequently.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was warm and welcoming, with a pleasant, relaxed atmosphere. Staff were kind and caring, and knew people well. We were told, 'Staff are really friendly and helpful', 'They're very good to us in here, staff could not be nicer' and 'They strike a balance between supporting people and maintaining their independence'. As a result, people were being looked after with dignity and respect, in a nurturing environment.

Relatives told us, 'The staff and manager are really approachable, and I can speak to them if there's a problem', 'I'm happy with the standard of care' and 'Mum's really safe in here'. People had confidence in the service, and were reassured by a responsive staff team, who dealt with any issues or concerns appropriately and quickly.

Mealtimes were relaxed and unhurried and people were supported where required, at their own pace. Tables were set with condiments and attractive placemats. The meals looked and smelt appetising, and we were told, 'On the whole, the food is very good' and, 'I get a choice of meals'. Some people were unable to remember what they had ordered for lunch. Menus on the tables would have perhaps helped people to recall their choices. Visual choices would also have enabled people to choose meals independently. We discussed this with the manager, who was in the process of typing up new menus, as there had been a few changes recently. We will follow this up at our next inspection.

Although people's hydration and nutritional needs were being met, we did not see people having independent access to drinks and snacks in communal areas. We discussed this with the manager who was exploring different ways that this could be accommodated for people as previous attempts had been unsuccessful. We will follow this up at our next inspection.

A robust process was in place to manage falls. People were assessed using a multifactorial falls risk assessment. Where people had experienced a fall, appropriate documentation had been completed and actions followed up such as referral to the falls team. This helped to keep people safe.

Detailed and person-centred support plans were in place. Life stories had been compiled with input from people and their families, which gave a real sense of the person. These plans were updated regularly to highlight any changes. A range of assessments were in place, such as malnutrition universal screening tool (MUST) and, pressure ulcer review assessments (PURA). This meant staff could act quickly when any significant changes to people's health occurred.

People had access to external professionals where required. Services such as podiatry, physiotherapy and district nursing had been arranged for people. This was benefitting their overall health, and kept people well.

People had a range of activities to participate in if they wished. We saw people being supported to join in a chair exercise class, which we were told they enjoyed. 'Woody' the regular Therapet visited, much to the resident's delight. Each day began with wellbeing chats with staff. People were able to choose how to spend their time and were encouraged to keep active.

The home was visibly clean and tidy with cleaning protocols in place. The domestic staff were working hard, to maintain the current high standard of cleanliness. Personal protective clothing (PPE) was available in stations around the home, and staff were using and disposing of this appropriately. People were confident that they were being cared for in a clean and healthy environment.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was well led, and benefitted from an experienced manager, who was focused on supporting the staff team, to deliver good care. This contributed positively to the oversight of the service, and had led improvements.

A service improvement plan was in place which incorporated feedback from staff, residents and families. The manager was proactive in thinking of different ways of getting feedback from people. There was a suggestion box in the foyer, and questionnaires for people to complete regarding all aspects of the home. Quick surveys were also available for visitors, requesting information on their experience when visiting the home. The manager had identified that alternative methods of feedback may be more successful, and had started fortnightly emails to all families. This process was in its infancy, however, had already been able to improve outcomes for people, through people's feedback.

Quality assurance processes in place were comprehensive and effective. The manager had good oversight across the whole service. A variety of systems and tools were being used to identify issues, and prioritise areas for improvement. Audits generated action plans, which were signed off once completed. It was clear that quality assurance held value and was driving improvements forward in the service.

Meetings were being held for residents, staff and families, with good attendance. We were told 'They are always looking for our input. We can put our views across'. This meant people's views were being considered, and actioned, to improve quality of life in the home.

Observations of staff practice were being carried out to assess learning and competence. This helped to highlight good practice, as well as areas for improvement.

Documentation of accidents, such as falls in the service was detailed. The manager had a system in place whereby all accidents and incidents were followed up, timeously. This ensured appropriate action had been taken, and minimised the risk of future falls for people.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

The manager was visible and accessible to people in the home, staff and visitors. People told us they felt able to raise any issues, or concerns with management. We were told, 'The manager is very approachable, and deals with things appropriately', 'Any issues, we have never been let down by the manager. She acts quickly' and 'The best manager I've ever had'. This gave people confidence in the service and contributed to people feeling valued and listened to.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care and support was carried out at a relaxed pace, and staff were visible in the home. People were supported by a core group of staff that knew them well. The service did not use agency, and therefore, people were cared for with consistency.

The manager used a dependency tool and staff feedback to inform staffing levels in the home. The home was fully staffed at the time of the inspection; however, some staff told us they did not have much time to spend with people, in between care tasks. The manager had used this feedback to recruit an extra member of staff for each late shift, to accommodate this. People were reassured that the service was considering people holistically, and taking action to meet all of their needs. This change was still in progress, and we will follow this up at our next inspection.

The staff team worked well together, and were supported by the manager. Staff told us, 'We support each other' and 'We're one huge happy family'. Relatives told us, 'Mum is safe and happy here, the staff are friendly and helpful' and, 'I can speak to the staff if I have a problem, they're really helpful'. People were reassured and confident that staff were looking after their loved one, in a caring and supportive manner.

Staff received regular supervision sessions. Staff told us, 'I'm 100% listened to', 'I honestly feel supported'. As a result, staff morale was good, and staff had opportunities to express their views and wishes. There were also opportunities for staff professional development, as the manager believed in developing existing staff where appropriate. It was clear that the manager considered staff's wellbeing important.

Staff training was monitored, and systems were in place to ensure that staff kept up to date with their mandatory training requirements. This meant that staff were maintaining and developing their skills, in order to keep people safe, and satisfy the conditions of the Scottish Social Services Council (SSSC).

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references, right to work checks, protection of vulnerable group checks and, registration of professional bodies checks had also been undertaken.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was clean and fresh in all areas, and free from intrusive odours and noise. The fixtures and fittings in the home were of a good standard. An environmental improvement plan was in place as part of the service's registration conditions. The provider was currently reviewing this plan to ensure all remaining actions were met.

People were supported with a choice of where to spend their time. People's choice to have privacy and spend time in their room was respected. There were large communal areas for people to enjoy, and a conservatory which had views overlooking the large grounds.

Whilst there was evidence of people accessing the gardens, this was largely dependent on staff availability to support people with this. We discussed this with the manager, who had plans in place to develop free access to outside spaces, however, work had to be completed to ensure the garden area was fully enclosed first. This will ensure people's safety and wellbeing whilst enjoying the outdoors. We will follow this up at or next inspection.

People were actively involved in giving their views about the setting. For example, residents were involved in choosing colours for paintwork for the corridors. As a result, people felt listened to and were able to influence any redecoration.

Maintenance records were in place and up to date. A process for reporting faults and repairs was in place, and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

There were a variety of different sized, single bedrooms, which all had en-suite facilities. People had brought items from home, to give rooms a homely touch. We were told, 'Mum's room is like a princess room, which was decorated recently' and 'Mum's room was decorated before she moved in'. It was clear people were encouraged to personalise their rooms, to make them feel more comfortable.

The home had established links with a local nursery school and high school and were facilitating regular visits. This promoted intergenerational contact for people, which enhanced their wellbeing.

People were accessing the community at times, using a minibus every fortnight. We were told, 'I'm not out that much'. We heard that accessing the local town and surrounding areas was difficult, due to lack of regular transport and also the steepness of the driveway. This made it difficult for people to access the community on foot, and was challenging for staff. People would benefit from staff seeking alternative ways for people to access the immediate community and facilities. As a result, this would create opportunities to meet people, support people's interests and explore new ideas and activities. **See area for improvement 1.**

Areas for improvement

1. In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources. This includes sourcing alternative means of transport to facilitate outings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Families reported feeling involved in care and support, reviews and providing feedback. Relatives we spoke to told us that communication was good, and they had confidence they were kept well informed about the care of their loved ones.

Care plans were consistent, comprehensive with lots of specific detail. We saw evidence of these being reviewed and monitored regularly to identify any changes. Care plans were informed by a range of assessment tools, and appropriate support and advice was sought from other professionals, when required. This helped maintain people's health and wellbeing.

Detailed anticipatory care plans had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

Do not attempt cardiopulmonary resuscitation (DNACPR) documentation, and copies of legal powers, were in place where appropriate. This enabled staff to know who was able to be involved in decision making, on behalf of people without capacity.

Six-monthly reviews of care had been carried out with appropriate people present. We discussed with the manager that people's views and opinions were valuable and should be clearly documented at each review. We will follow this up at our next inspection.

There were a variety of risk assessments in people's files, which were reviewed on a regular basis. People's level of risk was being monitored regularly, to ensure the appropriate measures were in place. As a result, people's independence was respected and promoted.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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