

Kendale Hall Care Home Care Home Service

Kendale Hall
27 Keptie Road
Arbroath
DD11 3ED

Telephone: 01241 876652

Type of inspection:
Unannounced

Completed on:
4 September 2025

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 2 and 3 September 2025. 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 nine people using the service and four of their families
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People told us they enjoyed living in the home and were generally happy.

Management should ensure that staffing levels support meaningful connection and activity for people and that this becomes embedded practice in the home.

Care plans were very detailed and person-centred and people had been involved in reviewing their care and support.

Staff knew people well and were working hard to support them with their individual needs.

There were no contingency plans in place to facilitate people to engage in the local community or trips out when the bus was broken.

The home was well maintained and was clean and tidy.

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?	3 - Adequate
How good is our setting?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

Although there were a number of strengths which outweighed the weaknesses under this key question, one person experienced a poor outcome. We therefore evaluated this key question as adequate, and made a requirement.

The home was welcoming, clean and bright on first impressions. The atmosphere was good, and staff and residents looked relaxed and happy. People told us, 'It's a nice place overall, I'm happy', 'Staff are lovely, most of them' and 'I've made the right move here. When activities are on, I get a good laugh'. People were happy in Kendale Hall and made mainly positive comments about their care and support.

Mealtimes felt relaxed and at the right pace for people. Meals looked and smelt appetising. Since our last visit, pictorial menus had been implemented at the entrance to the dining room, which helped people to make choices from the menu. Staff made an effort to ensure tables were set appropriately, with placemats, napkins and condiments. Staff knew people well and their nutritional needs were supported accordingly. Fresh fluids were readily available in communal areas and bedrooms, in order for people to help themselves, and snacks were offered regularly throughout the day. People told us, 'The meals are very good' and 'The dinners are great here'. People were supported well to maintain their nutritional wellbeing.

A clear and organised process for administering medication for people was in place, and this was audited regularly to ensure compliance. As required, (PRN) protocols were in place for people where necessary, and the effectiveness of these medications had been recorded appropriately. Where people were prescribed medication for agitation, a little more detail would be beneficial to guide staff as to what support strategies to use first, before considering medication as an option. People were confident that they received their medications safely.

People's care plans were detailed, and person-centred and reflected their current level of need. These were reviewed regularly to capture any changes. People had completed life story work with their families, which gave staff insight into their lives and how best to support them. People were involved in decisions regarding their care, and some had completed anticipatory care plans which guided staff in order to carry out people's wishes, when the time came.

A range of assessments were in place and reviewed regularly. For example, nutritional assessments and skin assessments monitored people's conditions, and this helped people maintain good overall health. The home had established links and relationships with visiting professionals who spoke positively about the staff and the home.

The service were good at seeking feedback from all stakeholders and we were told, 'They look after Mum beautifully here. They are so kind and patient with her' and 'This is where I want her to be. It's a real weight off'. People were happy with the overall care and support offered in the home for their loved ones, and this gave them reassurance that they were well cared for.

During the first day of our inspection, there was not a lot of meaningful activity nor engagement with people. Care and support were task orientated, rather than meaningful. We completed a formal observation in the lounge and noted that several people were sitting sleeping or staring into space in the lounge for long periods of time, with no prolonged connection from staff. Some people enjoyed an exercise class later on in the day, however some people would have benefitted from an additional member of staff supporting them to be able to join in. As a result, some people did not gain anything from this activity. This meant some people were not achieving their full potential. We discussed this with management and noted an improvement on day two of our inspection. The dining room had a buzz to it, with several different activities going on across all communal areas. For example, some people were enjoying water painting, others were playing dominoes and another was doing a jigsaw. All staff were seen to be involved, which was encouraging to see. We discussed this with management to ensure that leaders direct and allocate staff appropriately each day, to ensure that meaningful engagement is a necessary part of the culture and embedded fully for people in the service. We will follow this up at our next visit.

New staff had been recruited safely, and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment" guidance. New staff had been interviewed with employment references, and Protection of Vulnerable Group (PVG) checks being undertaken prior to employment. People had been involved in the recruitment process and had been able to ask prospective new staff questions of their choice. This meant people had been consulted with who they would like to see delivering their future care and support. As a result, people could be confident that staff had been recruited safely, and that recruitment processes were robust.

The service was using a multifactorial falls risk assessment to minimise the risk of falls. A clear system was in place for monitoring all accidents with clear evidence of any actions taken and the outcomes. People could be confident that the service had good management oversight of reducing risks of falls and that measures were in place to protect them.

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

Although the staff team were working hard to support and care for people, we saw a poor interaction in one area of the home. During the course of the inspection, we witnessed an inappropriate interaction by a staff member and reported this to senior management, who took immediate action. **Please see requirement one.**

Requirements

1. In order to protect people and to maintain their dignity and respect, by 25 November 2025 you, the provider, must implement plans detailing how managers will monitor and manage the understanding and performance of staff in relation to their professional codes of practice. This must include but is not limited to:

- a) Ensuring that all staff understand and work to expected standards of conduct in relation to all interactions with people using the service, demonstrating dignity and respect for people at all times.
- b) Ensure that all staff understand their responsibilities of recording and reporting any incidents or breaches in these standards to managers as soon as possible.

c) Ensure that breaches are dealt with promptly by managers using appropriate training and or disciplinary measures and where necessary, incidents are reported under Adult Support and Protection measures, and to relevant professional registering bodies.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1)(a)(b) requirement for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

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 home was clean, tidy and free from intrusive noises and offensive odours. The entrance to the home was welcoming for people and visitors, with noticeboards containing information on recent events people had enjoyed. This meant people were kept well informed and could enjoy a calm, pleasant environment.

There were a variety of communal areas for people to enjoy such as a large lounge, dining room and conservatory with views of the gardens. The main hallway was a meeting place for people to get together for a coffee and a chat. People had suggested a more comfortable couch in this area would improve things, and we could see this was providing a more social arrangement for people to gather and chat. Some people enjoyed their own company and preferred to sit in their rooms. Staff respected their choices and carried out regular checks for safety, and to ensure that people's needs continued to be met. This meant that people could choose where to spend their day and have privacy when they wanted.

Rooms were of varying sizes, decorated appropriately and personalised with items from home. This helped to make people feel more comfortable in their own private space.

A robust process for maintenance was in place and all required checks were completed and up to date. There was a process in place for staff to report any faults and these had been picked up and resolved quickly. People felt reassured that the maintenance of the service was upkept in order to maintain their safety.

It was disappointing to see that people were still not able to access outdoor space freely, without staff support. We were told that work was starting soon to secure the garden area for people to access independently. This had taken some time to commence, and this meant people had missed opportunities to enjoy the outdoors independently during the better weather. We discussed this with the provider, who assured us that this would be completed as soon as possible. We will follow this up at our next visit.

Although we could see community engagement with a variety of different visits to the home, this was limited to within the home rather than out in the local community. The bus used to facilitate trips out into the community was out of action and had been for several weeks. People told us the bus was always in the garage and this was a source of frustration as this was impacting on people's ability to access the community. No contingency plans were in place meantime, and therefore there had been a poor response to ensuring community engagement was maintained for people, whilst repairs were ongoing. We discussed this with the provider, who advised us that the bus was now fixed and would be available to residents with immediate effect. In order to support improvement in this area, we advised that we would follow this up at our next visit.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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).

This area for improvement was made on 11 October 2024.

Action taken since then

Although we could see community engagement within the home, this was limited to within the home, rather than facilitating people to enjoy activities and services in the local community.

The bus used to facilitate trips out into the community was out of action, and had been for several weeks. People told us the bus was always in the garage and that this was a source of frustration, as this was impacting on people's ability to access the community.

No contingency plans were in place meantime, and therefore there had been a poor response to ensuring community engagement was maintained for people, whilst repairs were ongoing. We discussed this with the provider, who advised us that the bus was now fixed and would be available to residents with immediate effect. In order to support improvement in this area, we advised that we would follow this up at our next visit.

This area for improvement has therefore not been met and will be reinstated. We will follow this up at our next visit.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.