

Lenore Care Ltd

# Kendal House

## Inspection report

27-29  
Park Avenue  
Whitley Bay  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kendal House is a residential care home situated in Whitley Bay, Tyne and Wear. It provides accommodation and personal care for up to 24 older people. The service does not provide nursing care. At the time of our inspection 20 people used at the service, some of whom were living with dementia.

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

People felt at relaxed, at home, in an environment that was welcoming, personalised and well maintained. Staff knew them well and worked calmly at all times. Staff interacted with people warmly and affectionately. People and relatives gave consistently strong feedback about how caring staff were.

Risk assessments were in place to reduce the risks people faced. Staff understood these risks well and worked proactively to anticipate and reduce them.

There were sufficient staff to meet people's needs promptly. The service had only rarely and in exceptional circumstances relied on agency staff.

The provider had safeguarding and whistleblowing policies in place. Staff knew how to identify potential for harm and abuse, and what to do if they had concerns. Staff worked well with external partners to keep people safe, for instance through sharing up to date information on people's changing needs, or accessing additional training.

The registered manager reviewed incidents to identify any emerging patterns.

The outdoor space was used effectively, with well-maintained lawn areas and space at the rear for outdoor visits and events.

Staff were recruited safely, with pre-employment checks in place. They received an initial induction, regular refresher training and competence checks.

Medicines were stored and administered safely. The registered manager and staff demonstrated a strong understanding of people's medicines needs. Auditing and governance regarding medicines administration and competence checks could be strengthened to look in more detail at good practice.

We have made a recommendation about this.

People were supported to have maximum choice and control of 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.

Staff understood people's nutritional needs and gave people a range of meal options. Feedback regarding meals was positive and the kitchen was clean and well equipped. Staff used nationally recognised tools to monitor risks associated with malnutrition. They worked well with dietitians.

Activities were varied and led by an enthusiastic activities co-ordinator. When group activities had not been possible due to COVID-19 restrictions they had supported people on a 1:1 basis. The service had strong local links, which helped with activities planning and provision.

Staff worked closely with external nursing support when people neared the end of their lives, to ensure they could remain in their home, where possible.

The registered manager was well respected by staff and external partners. Feedback from external health and social care professionals was positive regarding the registered manager and the team. The culture was open and supportive.

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

This service was registered with us on 14 October 2021 and this is the first inspection.

The last rating for the service, under the previous provider, was good, published on 3 December 2020.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

# Kendal 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, one relative, and five staff, including the registered manager, senior carer, domestic assistant, director and activities co-ordinator. We spoke with eight relatives over the telephone and three further staff over the telephone.

We observed interactions between staff and people in communal areas. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We contacted four further health and social care professionals via telephone and email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. The service has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were stored and administered safely. Staff demonstrated a detailed knowledge of people's medicines needs.
- The provider had systems in place to identify and act on errors. The auditing of medicines administration needed improvement. These had not identified some areas of practice that required improvement. For instance, not everyone who received 'when required' medicines had a specific protocol in place, setting out when they needed this medication and what effects staff should watch out for.
- It was not always clear from prescribing information exactly where on a person's body a cream should be applied. Staff knew where to apply it, and the person was able to tell/show them, but prescribing information should be accompanied by clear descriptions or a body map to help staff.

We have made a recommendation that the registered manager reviews best practice regarding when required medicines, creams and auditing.

- The registered manager assessed staff competencies regarding their understanding of medicines administration through regular conversations and observations whilst working alongside them. They agreed to conduct more formal competence checks of staff. They had also organised for a pharmacist to visit the service and conduct an audit and further competencies of staff.

### Assessing risk, safety monitoring and management;

- Staff kept people safe. Staff understood the risks people faced and supported them accordingly. For instance, keeping a person's room clear from clutter where that was a specific risk. Risk assessments were regularly reviewed.
- People felt extremely safe. When accidents happened, staff were calm and took appropriate action to make people safe in a compassionate way. One person told us, "This is my home and the staff keep me very safe." One relative said, "It's been a difficult time but they've been brilliant. When there was a fall they were straight on the phone and I have every confidence in them keeping [person] safe."
- The premises were safe, clean and well maintained. When fixtures or fixings needed repairing this was done promptly. Staff responded well to risks outside their control, such as COVID-19 and a recent heatwave.

### Staffing and recruitment

- There were sufficient staff to ensure people's needs were met promptly. People felt reassured by the presence of staff. Call bells were answered promptly. The provider had relied on a small number of agency staff in exceptional circumstances but otherwise they were a well-established staff team who worked together to ensure people received a safe continuity of care.
- Staff were recruited safely. The provider had pre-employment checks in place to reduce the risk of

unsuitable people working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse, such as clear safeguarding policies and open relationships with local commissioning and safeguarding teams. People told us they could raise any concerns.
- Staff received regular safeguarding training. When mistakes happened staff were supported and the culture was one of learning from incidents, rather than blame.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The registered manager ensured relatives were able to visit people, in line with current guidance. Relatives said, "They had to take a tough stance during the worst of it and we understand that – they've been very fair and they've protected people," and, "They built a special conservatory so relatives could visit and that felt really good, they totally wanted the residents to see their families."



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff had a very strong understanding of people's needs, whether medical, physical or emotional. This knowledge meant people received a high standard of care. Care plans were up to date and, where relevant, advice from external healthcare professionals was included to help staff support people.
- Care plans were effective and to the point. We found a small number of care plans, particularly regarding people's oral health, could be improved with more person-centred instructions to help staff. The registered manager agreed to rectify this as a priority.
- Staff used recognised national tools to help monitor and act on people's health needs, for instance malnutrition. One external professional told us, "They are really good at monitoring people's weight." One relative told us, "They're looking much healthier now. Their weight was a real problem before but they've put it back on."
- People trusted staff and had complete confidence in them. Relatives felt the same and were kept up to date with people's changing needs. One relative said, "I get an annual report on [person's] wellbeing. It covers mobility, falls, personality. They document any event, it is informative and I can recognise things in the report that represent [person's] personality".

Staff support: induction, training, skills and experience

- Staff were well supported to ensure they had the skills and experience needed to care for people well. Training was a balance of online training and in person sessions. One member of staff said, "We can use the training room again now [following the pandemic] and it's great to get more face to face training done. We've had people in from the hospital to help with nutrition." The registered manager ensured staff completed refresher training regularly and had access to courses beneficial to their career development and people's needs.
- People and their relatives had confidence in staff and how they cared for them. One relative said, "Staff are very empathetic but professional too – they know when [person] isn't right."
- Staff received regular support through induction, surveys and supervisions. Staff surveys indicated positive responses regarding training and support. External professionals comments on the abilities of staff included, "I am always impressed with the care and attention the staff show residents and visitors alike."

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

- People enjoyed nutritious and varied meals. Menus were well planned. People were given a choice and shown different appetising options. One person said, "I had the poached egg – lovely." Another said, "It's the best food you could ask for." Staff understood the importance of hydration. One relative said, "They promote fluids all the time, I see them offering juice, cups of tea, ice lollies and ice creams."

- Staff understood people's dietary requirements and preferences. The kitchen was spacious, clean, well equipped and fit for purpose. Where people's needs changed or they were at heightened risk, staff sought external help, for example from dietitians. This team confirmed staff worked proactively with them.

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

- Staff communicated openly and proactively with external healthcare services. They sought advice and acted on it to improve people's wellbeing and quality of life.
- Staff helped people receive the primary and secondary care services they needed, by identifying need and arranging appointments. People had access to a local GP and received regular visit from the frailty nurse from the GP practice. People had regular access to opticians, dentists, chiropody, nursing and other health services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider acted in line with the principles of the MCA. People confirmed they were asked for consent before care and treatment. Relatives confirmed they were involved in care planning and decision-making where appropriate. The registered manager understood MCA legislation and local processes and made applications accordingly. A small number of care plan documents did not demonstrate people's consent to them (they had not been signed). The registered manager rectified this immediately and people confirmed they consented to their care plans.

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

- The home was a converted set of terraces, so had some narrow corridors and staircases. The provider ensured these were well-lit and safe for people. There were ample bathing facilities. The provider had recently converted a number of smaller bedrooms into large bedrooms with en-suite. These rooms provided people with more space, privacy and comfort.
- People's rooms were homely, personalised and well maintained. One person told us, "The handyman helped me put all my things on the wall. I love my room here."
- The outdoor space was small but well utilised to enable outdoor visiting and bigger group/community events. The provider had installed a new conservatory, which gave people more space in which to enjoy private visits or sit with others in the sun. People enjoyed the well-maintained gardens to the front.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected by a staff team who treated them patiently, with warmth and humour. People shared jokes with us on our arrival and were supported to contribute to the culture and atmosphere of the service, which was one of homeliness and calm. People told us, "They are all fabulous. The staff look after me very well." One relative said, "Staff are very caring towards them, and to us – they support us all."
- People's cultural and spiritual diversities were respected and acted on. For instance, the service had made strong links with a local church so that people could receive communion in the home.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff put people's experience first, rather than focussing on tasks or processes. They worked flexibly to ensure people could feel at home and relaxed. For instance, one person who enjoyed speaking their first language did so with a relative on the phone whenever they could. A relative said, "They say ring as many times as you want, morning or night, that is better for [person]. It really helps her."
- Staff at all levels were affectionate and caring. Staff demonstrated an awareness of what made people happy or troubled and took the time to understand their moods and feelings. Relatives consistently told us staff cared about people and encouraged their independence. One said, "They can go up to the shops whenever they want or take it easy. Staff make it clear who is in control."
- Care plans were brief but person-centred. The majority of staff had supported people for a number of years and so knew them well. People valued the continuity of care they received. One said, "They are all lovely." One member of staff told us, "It feels like a family home and we're there to look after our loved ones." People and their relatives were involved in care reviews and told us they were communicated with and involved on an ongoing basis.
- People were in control of their decisions on a day to day basis. One person told us how they preferred to get up early so they could enjoy a peaceful bubble bath. Staff respected people's choices as individuals, and understood the small things that were important to people. One relative said, "They go in between 7 and 8 in the morning with a cuppa. If she says she wants another couple of hours and wants to go back to sleep, well they let her do that." Another said, "Staff get what is important to [person] – taking pride in their appearance when getting ready to go out."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed interacting with the new activities co-ordinator, who was enthusiastic and arranged a variety of activities. They understood the importance of music for some people, and quiet time for others. Recent activities included planting vegetables, garden party, visiting entertainers, group games, individual activities on an ipad and armchair exercises. One person said of this, "It's good fun, [the activities co-ordinator] gets us going and we have a laugh."
- The registered manager and activities co-ordinator used local connections well to ensure people had more opportunities to do the things they liked. For instance, going to the cinema and being given flowers for flower arranging sessions. All staff contributed to the vibrant atmosphere and took part in some of the activities. The activities co-ordinator said, "Other staff are really supportive so it's not like I'm on my own."
- Staff ensured people were not isolated. They enabled visits in line with COVID-19 restrictions during the pandemic and more recently arranged parties and gatherings so people could enjoy time socially with others. Staff helped people maintain friendships and relationships that were important to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and, mostly, detailed. We identified some people's 'social and recreational' plans that were generic and needed more specific detail. The registered manager agreed to review these. We saw staff interacting with these people in a way that demonstrated a strong understanding of their preferences and likes. One relative said, "They asked us lots of questions at the start to make sure they knew [person] well."

Improving care quality in response to complaints or concerns

- Complaints were rare. They were handled effectively and in line with the provider's policy and procedure. People, relatives and staff told us they could raise any issues openly, and that they would be dealt with promptly.

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.

- Care plans described people's communication needs and preferences. Staff communicated extremely well with people. They were patient, adjusted their tone and body language accordingly, and knew how the

person was likely to respond in terms of tone or mannerisms.

- Activities and other information, such as how to give feedback, was clearly displayed in communal areas.

#### End of life care and support

- The provider was able to support people at the end of their lives in a place they regarded as home. The provider did everything practicable to ensure people could stay at the service for as long as they liked. Families confirmed the registered manager had held sensitive conversations with them about thinking about this stage in people's life.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about the service and the people they supported. They provided visible, approachable and confident leadership to a well-established team who worked well together for the benefit of people using the service. One staff member said, "It's a great team here. We all pull together and that comes from the top."
- The atmosphere was deliberately homely and relaxed. People and relatives consistently told us they felt this had a positive impact. People felt at home, safe and in control. One relative said, "I can ring the manager any time, there is no urgency getting me off the phone when I talk to her, I am not rushed they make time for me." Another said, "I certainly would recommend it, it has a good homely atmosphere, and they are for the people and they look after them, they are very kind and friendly to people, it is not as I imagined, so much nicer than I had imagined."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and about when they may need more support, which was always available. The registered manager was responsible for ensuring staff maintained high standards and also acting with a duty of care to them as an employer. Staff provided positive feedback about this. One said, "The manager is so supportive – when I had some personal things going on they took me under their wing and made sure I was okay. They know our needs as well as the people living here."
- Auditing and governance systems were mostly effective. Where audits could be improved, the registered manager was responsive to this and acted quickly. External partners and relatives had confidence in the registered manager's oversight of the service. One said, "Everyone knows their role and they have a great team togetherness."
- The registered manager and new provider had made some positive changes. They had reconfigured some smaller bedrooms to ensure there were more spacious bedrooms with en-suite facilities. They had plans to convert more and this improved the service. They had reviewed existing policies to ensure they were up to date and staff we spoke with felt they were supportive. They were responsive to feedback regarding areas to improve practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager listened to people's opinions, and those of relatives, and others who knew people

well. There were regular systems in place to support this, such as meetings and surveys.

- The service worked well with external health and social care professionals. Feedback was consistently positive from these partners regarding communication, a pro-active approach, and putting outcomes for people at the heart of the service.
- The registered manager had continued to develop good external relationships, which had a positive impact on the service and people who used it. For instance, links with local businesses and the church.

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 acted quickly when things went wrong and learned lessons from incidents. Relatives consistently told us that the registered manager contacted them promptly and openly whenever there was an unexpected incident, such as a fall. Staff understood the importance of being open about any concerns or incidents.
- The registered manager had made relevant notifications to CQC in a timely manner.