

# Kendal Homes Limited

# Kendal House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

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 providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

People continued to receive highly personalised care from especially caring and considerate staff. People's feedback was overwhelmingly positive, and we heard about numerous occasions when staff had gone above and beyond to ensure people had what they needed.

People said they were safe living at Kendal House. Staff knew about the safeguarding and whistle blowing procedures including how to raise concerns if needed. There had been no recent safeguarding concerns raised.

There were sufficient staff to meet people's needs. People confirmed staff responded quickly to their requests for help. New staff were recruited safely. People received their prescribed medicines on time. Incidents and accidents were monitored to help identify lessons learnt. Health and safety checks and risk assessments were carried out to maintain a safe environment.

Staff received good support and the training they needed. They confirmed they were very well supported. People were supported to have enough to eat and drink and to access health care services.

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.

People's needs had been fully assessed. This information was used to develop personalised care plans. People were able to participate in a wide range of activities suited to their interests.

People, relatives and staff gave positive feedback about the management of the home. There was a structured approach to quality assurance which was effective in identifying areas for improvement. People, relatives and staff were encouraged to share their views about the home.

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 (published 28 March 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?

Outstanding ☆

The service was exceptionally 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

Kendal 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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, relatives and staff told us Kendal House was a safe place. One person commented, "Oh yes, I feel safe."
- Staff knew how to report safeguarding and whistle blowing procedures. They felt confident to do so if needed. One staff member said, "I have never had the need. If I thought it was necessary I would definitely do it [raise concerns]."

Assessing risk, safety monitoring and management

- Health and safety checks and risk assessments were completed. This helped keep people, the environment and equipment safe.
- There were up-to-date procedures for dealing with emergency situations. This included how to evacuate people safely if required.

Staffing and recruitment

- There were enough staff deployed to provide personalised care. One relative told us, "There is always somebody [care staff] about."
- The registered manager reviewed staffing levels to ensure they remained acceptable.
- The provider followed safe recruitment practices when recruiting new staff.

Using medicines safely

- People continued to receive their medicines safely. Accurate records were kept and people confirmed they received their medicines on-time. One person said, "They make sure I get my medicines."
- Checks were carried out help ensure staff followed the agreed medicines management procedures.

Preventing and controlling infection

- The home was clean, well decorated and maintained. Staff followed good infection control practices.
- The owners of the home were proactive in ensuring people had a safe and comfortable environment.
- Domestic staff were visible around the home completing their cleaning duties.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to help prevent them from happening again.
- The registered manager analysed accidents and incidents to help identify lessons learnt.

# 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 good. At this inspection this key question has now remained the same. 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

- People's needs had been fully assessed to identify their care needs. This included considering their preferences.

Staff support: induction, training, skills and experience

- Staff received were well supported and received the training they required. One staff member said, "I am very much supported. I can go to [registered manager]. She is there to help you straightaway."
- Training, supervisions and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink in line with their individual needs.
- People and relatives gave positive feedback about the meals. One person said, "The meals are very good."
- The chef had completed specific training on preparing adapted diets. Meals were adapted appropriately to meet people's health needs and preferences, such as where people had diabetes.

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

- People's care records summarised important information to be shared when they accessed other services.
- People had access to a range of health care professionals depending on their needs. This included GPs and community nurses. A visiting specialist nurse told us they visited regularly and only had good feedback about the home.

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

- The home was suitable to meet people's needs. The environment was homely with good signage to help people orientate about the home.
- People's rooms had been personalised to suit their individual preferences.

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.

- DoLS authorisations had been approved where required. These decisions had been made following an MCA and best interests decision.
- Staff knew how to support people with making daily living choices and decisions.



# 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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives continued to provide especially positive feedback about the highly personalised compassionate care provided at Kendal House. One relative said, "This is the first home I recommend to people. You couldn't have a nicer home. From management, owners to right down, you couldn't find a nicer bunch." The provider continued to receive high praise through an independent review website; they retained their place as a top 20 provider. A recent review described the home as, "A first-class home" and "the best nursing home I have ever been in."
- We heard about many acts of kindness shown to people living at the home. Staff regularly went above and beyond to ensure people's needs were met, always prioritising people above themselves. On one occasion staff ensured one person was provided with clothing as they arrived at the home with no personal belongings. On another occasion the registered manager gave a person a personal item as they had expressed they had taken a shine to it.
- The provider continually looked for ways of improving people's health and wellbeing and making new connections. For example, they had enrolled on a pen-pal scheme so people could correspond with other people across the UK and further afield. They had also implemented interactive reminiscence therapy project to help promote people's mental wellbeing.
- People spoke at length about how friendly and kind the staff were. Relatives echoed their views and expressed how staff worked hard to build open and honest relationships with them. They commented, "They [care staff] are so friendly and they help me if there is anything I need" and "[Family member] is happy and I am happy that [family member] is happy."
- Staff felt equally valued and well cared for. One staff member said, "The manager has been wonderful, she has been really supportive. She is always there for me, all the staff are. We have time for each other, we are like a little family." One relative commented, "All the girls [staff] seem happy. If the staff are happy, this cascades down. There is never a forced smile from staff."
- People were supported to meet their religious needs. A communion service was held in the home and people attended if they wanted.

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

- People continued to receive very individualised care and had their choices and decisions respected. This was promoted through staff having an in-depth understanding of people's needs and ensuring they were fully involved in their care.
- Most staff, including the registered manager, had worked at the home for a long time. They knew people and their relatives extremely well which enabled them to have meaningful conversations with people.

- People and relatives described how they get on well with staff and felt they were like part of an extended family. They commented, "We have a laugh together. Everybody is nice and friendly" and "They treat [family member] just like I would, like their own relative."
- Relatives were welcomed in the home and advocated on behalf of their family members. They were also actively involved in care planning; this led to care plans being highly personalised. Independent advocates supported some people to make decisions about their care.

#### Respecting and promoting people's privacy, dignity and independence

- The provider's philosophy was to provide individualised care which was focused on people's dignity and individuality. Feedback from people and relatives reflected this. One relative commented, "All the residents have different needs, staff address these in different ways depending on the person."
- People were treated with the utmost dignity and respect. Staff were polite and respectful when interacting with people. One relative commented, "The residents are the first people staff care about. The staff are amazing" and "The staff are brilliant. They are so friendly and they are very caring."
- Staff worked with people to develop their confidence and independence. This helped enable people who were unwilling to leave the home to access their local community. For example, some people enjoyed a trip to the coast and had an ice-cream for the first time in years.
- Relatives felt welcomed into the home at any time, without restriction. One relative said, "I can visit anytime of the day. There is no bother and I always get an update."
- The provider had introduced a new shift pattern for staff which enabled people to have better continuity of care. People had benefitted from having more quality time with staff. This allowed staff to spend time with people doing pamper sessions and outings in the local community for shopping to have a coffee on the sea front.

# 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; End of life care and support

- Care and support plans were detailed and personalised. These were available at any time for staff to read. They included information about how people wanted their care provided and any preferences they had.
- Care plans were reviewed and updated regularly to ensure they reflected people's current needs.
- People could discuss any wishes they had for their future care needs; these were recorded in their care plans.

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.

- Information could be made available in different formats to suit people's needs.

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 could participate in a wide range of activities.
- People and relatives gave positive feedback about the activities provided. One relative told us, "They commented, "There are always some sort of activities on-going. They [people] are always doing stuff."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints.
- Although people and relatives gave only positive feedback; they knew how to raise concerns if needed. They said, "I have no concerns, I can't fault it."

# 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; 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 home had a positive and welcoming atmosphere. Staff morale and teamwork were good. Relatives said they could visit the home at any time. One relative commented, "It is homely, cosy and comfortable." One staff member commented, "The atmosphere is always very good. A jolly place, we can have a laugh with the residents."
- The registered manager prioritised people's needs. There were many examples where they had exceeded expectations to ensure people had what they needed.

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

- The registered manager was proactive in submitting the required notifications following significant events at the home, such as for incidents and accidents.
- The registered manager was very supportive and approachable. People, relatives and staff confirmed this. One person commented, "[Registered manager] is very approachable, I can talk to her." One relative said, "[Registered manager] is fantastic, approachable. It gives you confidence that she has been here such a long time."

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

- People, relatives and staff had opportunities to give feedback about the home. Regular meetings were held, as well as formal consultation.
- Feedback from the last consultation had been positive. People, relatives, staff and health professionals gave positive responses about the care provided. They described the care staff as professional, caring and considerate. Where suggestions had been made, meetings took place with the person to discuss their feedback.

Continuous learning and improving care

- The provider had a structured approach to quality assurance. This was effective in identifying areas for improvement.
- There was effective oversight from the owners of the home. They were actively involved in its running and involved in quality assurance.

#### Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people.
- There were good relationships with local healthcare professionals to help ensure people could access the care they needed.