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# Kendal Bank Care

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 April 2016. It was carried out by one inspector and was unannounced.

Kendal Bank Care provides accommodation and personal care for up to three older people. It is a family run service, ran as a partnership. Each partner having clearly defined roles, one as the manager who also provided day to day care of people and the other partner provided support to the care staff as well as supporting the manager with administration and business affairs. There was one care worker employed by the home.

People lived on the ground floor and each had their individual rooms. There was a lounge area, kitchen/ diner, bathroom and access to the garden. The owners lived upstairs. People had a call bell so they could request help at any time.

Some of the people had lived in the home for a number of years, they had grown older during that time and their needs had changed. The home adapted to people's changing needs. The emphasis was on it being people's homes as well as the owners and the comments from both people and staff were that they were like a family. The manager had ensured that the home was meeting its regulatory requirements and there were systems and processes in place to ensure the smooth running of the home.

The manager told us about the advantages of running a small home and how it meant they were able to get to know people well. They had developed care plans based on individual preferences, likes dislikes and people's needs. The manager had a "hands on" approach which meant they were in frequent contact with people, their families and health and social care professionals.

People had access to healthcare when they needed it. The manager told us they had developed good communication with a range of healthcare professionals and contacted them directly when required. People's care records demonstrated contact with a variety of healthcare professionals.

People were supported to maintain contact with family and friends who were important to them and there were no restrictions on visiting times. People had different interests and liked to spend the day in way which suited them, such as reading or crafts.

There were good relationships between both partners and the care worker, they worked closely together. The manager provided formal supervision as well as day to day supervision and training as required.

Staff received appropriate training to ensure they had the right skills to support people to live at Kendal Bank Care.

People had sufficient to eat and drink. They were offered a choice at mealtimes and snacks were provided during the day. People had drinks within easy reach. The manager had completed training in nutrition and

had obtained advice from a nutritionist about the food they provided, which people told us was good.

## 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. People's risks were assessed and care was delivered to minimise those risks.

Medicines were managed and recorded safely.

There were sufficient staff available to meet people's needs.

Staff were aware how to identify and respond to actual or potential abuse.

### Is the service effective?

Good ●

The service was effective. People had sufficient food and drink.

People accessed healthcare when they needed it.

People were supported to make decisions about their care and provided care in the least restrictive manner.

### Is the service caring?

Good ●

The service was caring. People were cared for by staff who were kind and caring. People's individuality was respected and people were supported to live their lives in the way that they preferred.

People's privacy and dignity was maintained.

People had formed positive relationships with staff.

### Is the service responsive?

Good ●

The service was responsive. People received care that was tailored to their individual likes, dislikes and preferences.

People were involved in a review of their care.

People engaged in activities which were of interest to them.

### Is the service well-led?

Good ●

The service was well led. The manager was visible and accessible on a daily basis.

The manager monitored the quality of the service through observation and feedback.

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# Kendal Bank Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2016. It was carried out by one inspector and was unannounced.

Before the inspection we looked at information we received on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the three people living in the home and one relative. We also talked with both partners and the care worker. We looked at three people's care records including their Medicine Administration Records (MAR). We looked at one staff file, training records and other documentation related to the running of the home. We spoke with a representative from the local authority and talked with two health and social care professionals.

We used general observations to help us understand people's experience of living in the home.

# Is the service safe?

## Our findings

The service was safe. One person told us they felt safe living in the home and was confident that staff knew how to support them safely. People had their risks assessed and there were plans developed to support people in a way which minimised risks. For example one person was identified as at risk from a fall due to their balance. There was guidance in their care plan to ensure the person was supported safely to use appropriate equipment. The staff ration was a minimum of 2:1 which meant staff worked closely on a day to day basis with people and understood their risks well. The manager carried out reviews of individual risks and we saw that care plans were updated to reflect any changes, such as one person no longer required a piece of equipment, the records were updated to reflect this.

There were enough staff to provide people with the care and support they needed to keep them safe. The manager lived in the same building and ensured there was cover during any of their absences. They had contingency plans in place to ensure that if there was an emergency situation people would have an alternative place to go as a safe haven. The manager was supported by one other care worker who had been in post for eight years. They had been recruited safely and there was evidence they had undergone suitable recruitment checks to ensure they were safe to work with vulnerable adults. For example references had been obtained as well as verification of their employment history. The manager told us there was always a minimum of two staff available.

Medicines were stored and managed safely. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. One person told us staff looked after their care well and made sure they always had the correct "tablets." The manager and care worker had received training in the safe administration of medicines and received regular refresher training. The manager told us they had good links with the GP surgery and ensured that any changes to medicines were implemented. They had a system for reordering medicines and for keeping a check of stock which meant people always received the right medicine at the right time.

The manager and care worker had received training in safeguarding. They understood how to recognise the signs that may indicate someone had been abused and were aware of their responsibilities in reporting actual/potential abuse to the local safeguarding team.

The home was safely maintained and there were records to show that regular maintenance checks were carried out, for example checks on electrical equipment and an annual boiler service. The manager told us they had replaced carpets and completed redecoration in the last year.

## Is the service effective?

### Our findings

The service was effective. The manager and the care worker had up to date training records which indicated they had received training in appropriate areas such as infection control, moving and handling and dementia. Their training records showed when training was due to be refreshed. It was provided by distance learning and workbooks which meant that it could be completed at a convenient time and allowed staff flexibility. There were supervision and appraisal arrangements in place and a record of discussions was kept. As well as formal one to one supervision, the care worker and home manager told us they talked on a daily basis and any issues were discussed as they arose. For example if a new piece of equipment was introduced then this was discussed and the manager ensured that they both understood how to use it and that the care plan was updated. We saw that when new equipment was put in place the manager arranged to have training, which meant people were supported appropriately by staff who knew how to use equipment correctly.

People were supported to have sufficient food and drink. They had a choice of what they wanted to eat and had fresh snacks provided throughout the day. We saw people had drinks within reach and one person told us they could ask for anything at any time. People had their weight monitored on a monthly basis so that any variances could be identified early and if necessary actions taken. The manager had completed training in nutrition and had an awareness of the nutritional content of food. They had consulted with a nutritionist for advice on the food that they provided. They kept a record of the week's menu with pictures to show what hot meals people had requested. The main meals were supplied from a home delivery supplier. People told us the food was very good.

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 by 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people required support with some aspects of their personal care. Staff told us they obtained verbal consent from people and that care plans were developed in consultation with them. Healthcare professionals were involved in a regular review of some people. As part of the review process there was consideration of people's capacity to consent to living in the home. Care records demonstrated that staff asked people's permission and offered choices regarding decisions about how they lived their life.

The manager told us they had good links with healthcare professionals. They contacted the district nursing team directly when needed or the GP if they felt it was required. There was a variety of health and social care professionals who had either visited people at home or they had been supported by staff to attend



appointments. For example as well as the district nurses, there had been visits from physiotherapists, occupational therapists and a chiropodist. The manager had arranged for a community optician to attend the home for people to have their eyes tested. One healthcare professional told us the home made appropriate referrals and followed recommendations they made.

## Is the service caring?

### Our findings

People were supported by staff who were kind and considerate. The manager and care worker had developed positive relationships with people. Some people had lived within the service for a number of years and told us that it was their home. Staff were respectful of this and the care and support people received was personal to them. One person told us the staff were kind and helpful. A relative told us staff were friendly and caring. They told us their relation was always "perky," and had initially gone to Kendal Bank Care on a short term basis but had liked it so much they had asked to stay. One healthcare professional told us staff were caring and knew people well. The manager told us that some people's needs had changed over the years as they got older and that they had made adaptations to the environment to reflect this, for example changes to the layout of one person's room.

People maintained links with family and friends who were important to them. There were no restrictions placed on visiting times. The manager told us they supported people to keep in contact by letter as well as face to face with relatives. They had arranged a birthday party for one person and had arranged for family members to attend. One healthcare professional told us the manager gave them privacy to talk with the individual.

The manager told us they encouraged people to express their views about the service informally and on a day to day basis. One person confirmed that they get asked for their opinion on aspects of their care and on the environment.

People were supported to maintain their privacy and dignity. Staff told us that the home is considered people's personal space and they respect people's privacy by actions, such as knocking before entering individual's rooms. People had varying levels of support needs. Individuals who were independent with aspects of personal care were supported to remain independent and continue to make personal choices. People's differences were respected. This was demonstrated in the way that we saw staff interact with people as well as in the way staff spoke with us about people's individual differences and how people were valued.

## Is the service responsive?

### Our findings

People received a responsive service. People had their individual needs assessed and a care plan developed based on their individual needs. The care plans took into consideration people's likes dislikes and preferences. Such as, in relation to food preferences or what was important for them. Care plans were reviewed and updated at least once a month or sooner if needed. The manager told us that they reviewed people's care plans with them and involved them in a discussion. One person told us they were asked if their care plan was meeting their needs. They told us they were happy with the level of involvement they had in planning and reviewing their care needs.

They felt the staff were proactive working with them and encouraged them to be independent.

People's rooms were personalised with their own belongings and furniture. The manager told us they put fresh seasonal flowers in people's rooms each week. They told us they gave thought to the views out of the windows so that people had something to look at wherever they were sat, such as flower tubs or bird feeders. One person pointed at the view from their window and told us they liked to look out at the plants.

One person told us they liked being marine and tropical fish tanks and they liked to sit and watch the fish. They also told us they liked to "go and see the dog." There was a pet dog living in the building, the manager told us the dog did not have free access to the house and there was a safety gate containing the dog in areas it was permitted.

People's care plans included a life story which demonstrated that staff knew people well and had got to know people as individuals.

There was a complaints policy and people had access to information about how to make a complaint. The manager told us they had not received any complaints in the last 12 months. People told us they were happy with their care and did not have cause to complain. In the PIR the provider told us that because it was a small home and the manager had constant contact with people, concerns were identified quickly which avoided them escalating into a complaint.

## Is the service well-led?

### Our findings

The service was well led. It was a small service; the manager lived in the same building as people who received care and support. They worked as part of a small team consisting of the other partner and one other member of staff who provided care. The manager also provided care and had detailed knowledge of people living in the home. They had got to know people well, including, their families and health care professionals who were involved in people's care. They were easily accessible.

The manager got support through contact with other care home managers within the area as well as through local and regional networks. They spoke with us about the challenges of running a small care home. They understood their regulatory responsibilities and managed to get the balance of meeting these responsibilities and also in creating a small homely environment for a small group of people who had chosen it as their home.

The manager was supported by the co-owner who provided support to care staff as well as administrative support. They had developed systems to ensure that they had the relevant policies and procedures and that these were reviewed and updated. During our inspection we saw this was being carried out.

The manager told us they monitored the quality of the service through observation and talking with people. They told us that as they were a small service and have found that the best way of receiving feedback is by talking and listening to people and visitors. They had used surveys in the past to receive feedback but found the same group of people had received similar surveys for a number of years and they found they had become repetitive, they told us they planned to research alternative methods of obtaining feedback on the quality of the service.

Incident and accident information was recorded and analysed by the manager. We saw that there was a culture of learning following an incident or accident for example following incidences of falls; we saw care plans were updated, changes were made to the environment and healthcare professional advice was obtained.