

Kendal Homes Limited

Kendal House

Inspection report

27-29 Park Avenue
Whitley Bay
Tyne and Wear
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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

Kendal House consists of four large, three-storey terraced houses adapted into one property in Whitley Bay town centre, close to local amenities and the beach. The service is registered to provide accommodation, personal care and support for up to 22 older people, some of whom may also be living with a dementia related condition. Nursing care is not provided. At the time of our inspection the home was fully occupied.

This inspection took place on 14 February 2017 and was unannounced. This was the second rated inspection of the service since its registration with the Care Quality Commission (CQC) in October 2010. We previously inspected the service in December 2014 and rated the service as 'Good', although identified one breach of regulations which related to accurate record keeping. Following the inspection the provider sent us an action plan which detailed how they planned to improve the service. At this inspection, we found improvements had been made.

The established registered manager was still in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were inundated with positive comments about the way the staff treated people and the bearing this had on those who lived at the home and their families. Staff were described as kind, caring and considerate of people's multiple and varying needs. People were treated with the utmost of respect and dignity. The provider showed exceptional kindness towards both people and staff which went beyond the normal expectations of a provider or employer.

People told us that they felt safe with the support they received from staff at Kendal House. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they should take if they suspected abuse. The local authority safeguarding team informed us that there were no on-going organisational safeguarding matters regarding the service.

Records were kept regarding accidents and incidents, including any historical issues of a safeguarding nature. Incidents were recorded, investigated and reported in a timely manner to other relevant authorities such as the local council or CQC.

The service continued to manage risks associated with the health and safety of people, including the completion of regular checks of the property, equipment and utilities, in line with their legal responsibilities as the landlord. People's individual care needs had been assessed for risks related to aspects of daily living and these were reviewed regularly.

Medicines were administered and managed safely and medicine administration records were well organised, detailed and correct. Medicines were stored in a safe and secure place. The staff followed a policy

and procedures regarding the receipt, storage, administration and disposal of medicines which would benefit from an update to reflect current best practice. We have made a recommendation about this.

There were sufficient numbers of staff deployed to meet people's needs. Staff records showed the recruitment process was robust and staff had been safely recruited. Training was up to date, and the staff team were supported through supervision and appraisal sessions.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements and applying the principals of the MCA.

People's specific nutritional needs were met. We observed people enjoyed a variety of meals which were prepared by the cook. People had choice around mealtimes but often ate one of the planned meals from the menu; we saw people could chose different food if they preferred. The service involved external health professionals, as necessary, to meet people's varying needs and to support their general health and welfare.

Person-centred care plans were in place. People's individual needs continued to be assessed and care plan's reflected this. Some people did not have an in-depth plan of care around the medicines they required; however the registered manager addressed this immediately.

An activities coordinator provided a wide variety of stimulating activities which people and their relatives enjoyed. One-to-one and group support was available to people to reduce social isolation. Visitors were welcomed into the home at any time.

The service had not received any complaints since our last inspection. The registered manager told us how complaints would be investigated and managed. The complaints procedure was on display and had been shared with people, relatives and external professionals. The service had received many compliments.

Regular quality assurances checks were undertaken by the providers, although they were not always recorded. The registered manager also checked daily, weekly and monthly care monitoring tools to ensure people received high quality, appropriate care which met their needs.

Surveys had been issued in April 2016 to gain the opinion of people, staff, relatives and professionals about how the service was managed and how it could be improved. We observed a positive response in those surveys which the provider evaluated. Staff spoke highly of working for the provider and registered manager and told us they felt valued and appreciated.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff displayed positive, kind, caring attitudes and interacted very well with people.

Staff were very knowledgeable about individuals; their abilities, behaviour patterns and life histories.

Staff involved people and their relatives in care planning and activities to provide stimulation and inclusion.

Staff had an understanding of equality and diversity and acted with dignity and respect.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Kendal House

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 14 February 2017 and was unannounced. The inspection was conducted by one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

Prior to the inspection we reviewed all of the information we held about Kendal House, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally required to inform us of.

In addition, we contacted North Tyneside's local authority contracts monitoring team, adult safeguarding team, care management teams and the local Healthwatch service and to obtain their feedback about the service. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR 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. All of this information informed our planning of the inspection.

As part of the inspection we spoke with ten people, who lived at the service and eight visitors, which included relatives and friends of people. Some people had difficulty communicating with us but we observed them throughout the inspection looking relaxed and comfortable. In addition, we spoke with six members of staff, the registered manager and the providers. We reviewed a range of care records and information kept regarding the management of the service. This included looking at three people's care records, three staff files and records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People and visitors told us they felt the home was a safe place to live. Comments used to describe the home included, "It's a lovely place", "The best place you can come to" and "They [staff] go out of their way to help you." One person told us, "I've loved it from the start." One relative told us they felt their relative was safe because of "familiarity, routines and they'll [staff] phone me if they're worried." Another told us, "I trust them [staff] implicitly – they are professional." Other relatives told us they thought their family member's happiness reflected the safety of the service. Comments included, "He [their father] is happy as Larry since moving here" and "It doesn't matter what time of day I come, she [their mother] is often laughing."

Safeguarding policies and procedures remained in place to assist staff and help them to protect people from abuse or improper treatment. Staff were knowledgeable and able to describe to us what they would do if they suspected any harm. Records of incidents of a safeguarding nature were maintained and monitored by the registered manager. They were also referred to the local authority and CQC, in line with requirements.

People's care needs had been assessed and had risk assessments associated with them, such as around mobility, community access and nutrition. We saw individual risks to people and general risks regarding the property were reviewed monthly. Records of accidents and incidents which occurred were kept and a separate falls log was maintained to closely monitor these. This meant risks were minimised in order to help keep people safe and prevent further occurrences.

The provider ensured the property was well maintained and had undertaken all of the landlord checks which are required by law, including tests of fire fighting equipment and utilities. The premises were clean and tidy. High standards of cleanliness and hygiene were expected by the provider and domestic staff had responsibility for the cleaning of bedrooms and communal areas. The two cooks ensured the kitchen area met the expectations. We saw best practice guidelines in relation to infection control and food hygiene were followed which reduced the likelihood of cross contamination.

People and relatives told us they thought there were enough staff. They told us staff responded quickly to them when they used the 'call bell system'. One person said, "Staff come straight away." One visitor said, "When people press the buzzer, staff are straight there." We saw staff carry out their duties in a relaxed manner.

We checked the recruitment records of two new members of staff and one longer term employee. We saw the service continued with robust recruitment procedures to ensure staff were suitable to work with vulnerable people.

Medicines were managed well and there had been no issues raised with the safety of the administration process. The policy and procedures were not as up to date as they could be, to ensure a robust system was in place. We found that not all people had a medicine care plan in place to ensure staff were aware of the risks and support needs required by each individual person. The registered manager told us she would

address this immediately. After the inspection the registered manager sent us information to evidence this had been completed.

We recommend the provider review their medicine policy and adapt working practices to reflect best practice guidance.

Is the service effective?

Our findings

People told us that staff effectively met their needs. They told us staff were trained and knowledgeable and we confirmed this through staff records. One person told us, "They [provider] only hire the best, they [staff] are always happy to help; they will do anything for me." Other comments included, "I think its first class" and "Everybody is there if we need help." Relatives and visitors echoed these comments. They told us, "Staff are very professional, they have a good understanding of each person and what they need", "He [father] is well looked after and he thinks the girls [staff] are lovely", "I am very, very impressed; I can't sing their [staff] praises enough." One relative told us, "Grandma is happy here, it's changed her, she's brighter and chattier." They added, "I've seen how she has thrived, socialising more and joining in."

Staff told us they felt well prepared to carry out their duties and felt the training available was sufficient. Records showed they had completed training in key topics which related to the needs of people who lived at the service, such as moving and handling, nutrition and hydration and dementia care. Staff received support in their roles from the registered manager through team meetings, supervision, practical observations and an annual appraisal.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met, which we found they were.

People who used the service told us the food was good. One person indicated they had put on weight because they enjoyed the food so much. Another person said, "It's very good." Relatives and visitors also told us the food was of good quality, well presented and they had observed a good variety. One relative told us, "Staff monitor the level of food intake and adjust things accordingly depending on appetite." Other comments included, "(Relative) loves the food and the company, its home cooked and good quality", "Mum loves the food, if she wants a snack or a drink she just has to ask" and "[the food] is very nice, Mum loves her food." Care staff were aware of people's dietary requirements and they ensured the cooks were informed of this information and people's individual preferences. A cook told us, "I have got to know people and what they like; I often make alternatives for people like jacket potato, omelette and sandwiches."

Care records showed people continued to have access to external health and social care services to monitor and maintain their health and well-being. During the inspection we saw many professionals visiting people, including a GP and district nurses. Information about external professional reviews and appointments was clearly recorded in care records to ensure staff were aware of any changes in needs, such as physiotherapy or occupational therapy exercises and nutrition plans.

The premises were adapted to suit the needs of the people who lived there and were decorated in a pleasant and homely fashion. Aids, equipment and adaptations were in place to assist people with daily living and make moving freely around the home safe. The provider told us of imminent plans to upgrade some of the bathing facilities to improve the service further.

Is the service caring?

Our findings

People who lived at the home spoke positively about it. They made comments such as, "It's a home because it's homely", "It's not too big, it's friendly and it's clean", "The staff are so friendly", "It's friendly – as near as you can get to your own home", "It's bright, friendly and welcoming" and "Friendly, homely comfortable and calm." Visitors and relatives told us they were made to feel very welcome at the home and were often invited to stay for lunch. They told us they could visit at any time.

The provider told us about acts of kindness they had showed towards people, such as ordering DVD's online which are no longer available in shops and purchasing a world map so two people could show each other the places they had travelled to during the war. They also told us of the kindness they had showed towards the staff. They said, "We feel if you treat the staff right, they are happy. Happy staff equals happy residents – what more can you wish for?" The provider and registered manager demonstrated they continually reflected on their practices in order to improve the care and support they offered people.

People told us they were looked after by a team of very caring and motivated staff. We heard lots of examples of when staff had gone the extra mile. For example, laminating photos of interest, teaching people new card games and singing with people during bath times. We were overwhelmed with positive comments about the whole staff team, including the registered manager and provider, and we observed a strong person-centred culture, where people looked happy and were engaged with each other. Comments included, "They [staff] are canny, if they can do anything for you, they do", "If I need anything they are great", "The way I see it is fun and laughter", "We are all cared for and we all care for each other in turn" and "We couldn't find a better place."

Relatives and visitors endorsed these feelings and told us there was a solid and supportive network between staff and relatives. One relative commented, "Staff are lovely with the families." They went on to explain they were kept informed of how their relative spent their day and other things such as whether they were eating well. Other relatives told us, "Staff are caring and helpful", "Staff are always so pleasant, they treat [my parent] with dignity and respect", "All the staff are good" and "All the staff are wonderful." They gave us examples of staff who demonstrated caring values such as, making sure clothes matched and ensuring people were smart and well presented. We heard one care worker asked a person if they were cold. When the person said they were a bit, the care worker offered to go and get a cardigan from their bedroom. We heard the care worker say, "What colours are you wearing? Will I get a purple cardigan?" To which the person replied, "Yes please."

All the staff we spoke with were knowledgeable about people's needs and could describe these to us. Staff were able to explain their keyworker responsibilities. They told us, "We know them all so well, their likes and dislikes, their routines and little ways." The provider and registered manager spoke with pride about the staff team and how passionate, motivated, caring and kind-hearted they were. The provider told us, "We don't just hire anyone; they have to match with our values." These values included caring, excellence, trust and empowerment. We observed lots of positive interactions throughout the day between people, staff and visitors and heard lots of laughter. Staff interacted with people in a warm manner. People told us they felt

valued and had established nice friendships with the staff and each other. They said they felt listened to by staff and commented, "You can talk to the staff with such ease", "It's easy to get on with people here" and "Anything you are worried about just tell them [staff]."

Relatives and visitors explained to us about their involvement in devising care plans for people. They told us, "(Registered manager), Dad and me sat together and did the review" and "We've been involved in everything; it's a constant update. You just feel kept in the loop." One relative told us they had been asked to help complete a 'Life Story' booklet and how that information helped staff in reminiscence sessions. They added, "They were talking about her past and what happened. It made her feel good." Other relatives told us they felt involved through regular communication, telephone calls and events. One relative said, "If there is anything going on, they contact me" and "We're included in many decisions." We saw in care records that people and their relatives (where appropriate) had been involved in providing the information contained in them and noted they had signed to give consent to their care and support.

People were treated with dignity and respect by all of the staff, the registered manager and the provider. We observed people had their privacy maintained and staff spoke to people in a respectful and courteous manner. A relative told us, "The staff are very discreet, when things happen; they are dealt with and there's no fuss. They anticipate people's needs to prevent things happening – it's all about dignity." Staff had attended dignity and a 'Dementia Friends' training session and there was a designated dignity champion within the staff team, to ensure dignity remained a priority and a focus. The dignity champion had researched and shared best practice tips with staff and sourced events for people and staff to participate in. The registered manager told us they had been given eight tickets for a 'dementia friendly' community tea dance and had planned for staff to escort people to attend.

Discussions with the staff revealed that people who used the service had a range of needs and in particular, diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. The service was accommodating of people's needs and staff responded well to the diversity within the home and understood the importance of treating people individually. Various church groups regularly attended the home for services and religious occasions. Records showed positive plans were made to ensure people's needs were met in a way which reflected their individuality and identity. Staff had undertaken equality and diversity training, which had provided them with the knowledge to put into practice.

At the time of the inspection the registered manager told us that nobody was receiving end of life care, however they felt it was very important for staff to understand people's wishes and preferences in order to continue to care for someone, should they need it. Care plans contained end of life wishes where people had shared these, also emergency healthcare plans and preferences around resuscitation. Some staff had been trained in palliative (end of life) care to enable the service to meet people's changing needs in preparation of providing undisrupted, comfortable, dignified care. The registered manager told us they continued to welcome families of people who had passed away to Kendal House for on-going support and socialisation. She said, "We have a few family's who still pop in to see us when they are in the area."

Is the service responsive?

Our findings

We observed staff supported people throughout the day and were attentive and responsive to people's needs. People and relatives told us they thought the service was responsive. One person told us the staff supported them to change the arrangements for a hairdresser. A relative told us they made a suggestion about the heating in their relative's bedroom and this was looked into straight way and improved. Some relatives told us the impact of having staff who responded well to people had, "Taken the weight off my shoulders", "Made me feel confident, I don't need to worry" and "Made me feel like I don't need to be here all the time."

Care plans were person-centred and detailed people's individual needs and preferences. Each person had a care plan for most aspects of their daily lives in which they needed support, such as personal care, mobility and nutrition. The service ensured all needs (not just physical needs) were met, such as social, emotional and religious. This meant information was available to staff to ensure they provided care and support in the way a person preferred. Initial and on-going reviews were carried out to ensure the service continued to meet people's needs appropriately. A keyworker support system was in place to ensure people had one designated care worker to oversee their care and support, review documentation and ensure relevant information was communicated to them appropriately.

Some people had completed a booklet from the Alzheimer's Society entitled, "This is me". Others had 'hospital passports' and emergency healthcare plans in place. This ensured personal information about people, including needs, wishes and preferences was available in urgent situations or when they were unable to make their views known. These could then be taken into account by staff and other external professionals such as paramedics and doctors, who are required to provide additional care and treatment. 'Hospital passports' are used when people move between the home and a hospital to ensure effective communication.

People and relatives told us that social needs were met. They commented positively on how people spent their day and the amount of activities and social support on offer. One relative said, "Mam does things here I never thought she would do, like the crafts." Other relatives told us, "I love the fact they take [my relative] out, she's been to the pantomime and the shops for lunch" and "Mam loves it when the music is on, she'll get up for a dance."

On the day of our inspection, the atmosphere was lively and energetic. Staff had organised a 'St. Valentine's Day' party and invited relatives and visitors to the home for drinks and cakes. The home was busy all day with people and visitors who were engaged in conversation and fundraising activities. We saw the activities coordinator had a wide range of meaningful activities planned for the weeks and months ahead. One person said, "She's a marvellous lass [activities coordinator] for keeping you busy." Another person told us they had a lovely birthday party and added, "They do that for every resident you know!" This showed the service actively promoted socialisation and inclusion for all of the people who lived there.

There was a complaints procedure in place. No complaints had been received since our last inspection. The

registered manager described the action she would take to manage a complaint effectively. Everyone we spoke with were very complimentary about the service and could not provide any examples of when they had needed to make a complaint. All of the people and relatives we spoke with were very confident about raising any issues with the staff and felt they would be listened to and have their issues responded to.

Is the service well-led?

Our findings

At our last inspection we rated the service as 'Good' in well-led, although we identified a breach of the regulations which related to accurate record keeping. We saw improvements had been made in this area and the action plan which had been submitted to CQC by the provider following that inspection had been fully addressed.

The established registered manager was still in post. She had been formally registered with the Care Quality Commission (CQC) since the home had originally registered with CQC in 2010. The provider was meeting the conditions of their registration which included displaying their previous CQC performance ratings, both at the service, and on their website in line with legal requirements to ensure people were aware of the home's performance.

Staff told us they enjoyed working at the home and the morale was good. One member of staff said, "There is good management and they are approachable. They will do anything for you." Another member of staff said, "I love my job, it's the best."

People, relatives and visitors we spoke with were extremely positive about the service. They told us the registered manager and the provider were often visible around the home and everyone knew them by name and sight. One person said, "Any problems, (registered manager) will sort it." Another said, "They're [management] all involved, I know all they're names."

Communication was effective within the home. Staff meetings were held periodically and staff told us they had an opportunity to raise any issues and felt their views would be considered. Handover meetings were carried out at the beginning of each shift to ensure consistent and safe care was maintained. The registered manager attended handover meetings to ensure she had oversight of the service on a daily basis.

A variety of audits and checks were carried out to ensure that people received safe, high quality care which was provided by competent staff. Our observations and findings on the day of the inspection confirmed that there were effective quality monitoring systems in place, however, these were not always recorded. The provider told us, "We check everything, we do daily walk-rounds, spot checks, checks on cleaning, pulling beds out and checking mattresses, we just don't write it all down." People and relatives confirmed that these checks took place. The registered manager showed us cleaning schedules and other quality assurance documentation. After the inspection the registered manager sent us further information to demonstrate that improvements had commenced.

Surveys had been carried out to obtain people's, relative's and visitor's feedback. The provider had recorded an overall positive result. Regular 'residents' and relatives' meetings also occurred to ensure people and their families were involved with the running of the service. The relatives we spoke with had not attended a meeting but did recall completing a survey and being asked for their views while visiting.

The home had a rating of 10 out of 10 on carehome.co.uk. We reviewed some exemplary feedback from

people, relatives and visitors who had provided their comments on the independent website, although could not verify the authenticity of the comments. The service had been awarded a certificate of achievement from the website and the provider told us they ensured staff were rewarded for their hard work and great efforts.

The service had developed community links with other local providers, community services and local businesses. The registered manager told us they enjoyed a good relationship with the external professionals who visited the service and worked in partnership with the local authority. The registered manager also said they had forged a relationship with similar services and offered out spare places on training sessions in order to help themselves and the other services save time and money.