

# Kendale Hall Care Home

## Care Home Service

Kendale Hall  
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Arbroath  
DD11 3ED

Telephone: 01241 876652

**Type of inspection:**  
Unannounced

**Completed on:**  
8 December 2025

**Service provided by:**  
Kendale Hall Limited

**Service provider number:**  
SP2023000430

**Service no:**  
CS2023000417

## About the service

Kendale Hall, part of the Kennedy Care Group, is a care home situated in the seaside town of Arbroath, Angus and is registered to provide care to a maximum of 19 older people.

The home is a converted traditional mansion house and retains many original features, including large, well established grounds.

The building has two floors, accessible by a lift. All bedrooms have en-suite facilities, and there is an adapted bathroom on the ground floor. There is a lounge and separate dining room, as well as a bright conservatory, looking over the grounds and a hairdressing salon.

Kendale Hall is close to the harbour and local shops and is convenient for public transport.

## About the inspection

This was an unannounced, follow up inspection which took place on 8 December 2025. The inspection was carried out by one inspector from the Care Inspectorate. This inspection focussed on one outstanding requirement made at inspection on 4 September 2025 and one area for improvement made on 11 October 2024. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and two of their relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

The service had a homely, relaxed atmosphere and people appeared happy and well cared for.

Relatives told us that staff were professional, respectful and compassionate and that loved ones care was personalised.

Staff were clear about their responsibilities, and were practicing in line with regulatory bodies professional codes of conduct.

Staff had worked hard to increase community engagement for people and continued to explore different activities for people to enjoy, both in and out with the home. This had improved outcomes for people.

Staff told us that recent additional training had helped them improved their practice and therefore had made a positive impact on people's care.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

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

- a) Ensuring that all staff understand and work to expected standards of conduct in relation to all interactions with people using the service, demonstrating dignity and respect for people at all times.
- b) Ensure that all staff understand their responsibilities of recording and reporting any incidents or breaches in these standards to managers as soon as possible.
- c) Ensure that breaches are dealt with promptly by managers using appropriate training and or disciplinary measures and where necessary, incidents are reported under Adult Support and Protection measures, and to relevant professional registering bodies.

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

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

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

This requirement was made on 22 September 2025.

#### Action taken on previous requirement

There was a positive and welcoming atmosphere in the home. Everyone appeared well cared for and well presented. People told us, 'They're all nice to me in here' and, 'I'm fairly happy'. People told us they were well looked after and treated with respect.

Relatives told us, 'Staff are compassionate and cheerful. I'm in awe of them' and, 'Staff are respectful. They treat people well. I've no concerns. If I had to pick a home it would always be here'. People were reassured that loved ones were being supported in a caring environment.

Observations of staff practice at the time of inspection were good. There were natural interactions between people, and staff were kind and caring. Staff clearly knew people well. There was also some fun and laughter to be heard throughout the day, which made people smile.

The staff and management had worked hard to increase and develop their existing knowledge, skills and practice. There had been lots of additional training completed since our last inspection. This training had been focussed on adult support and protection, Health and Social Care Standards and Scottish Social Services Council (SSSC), codes of conduct. There had been subsequent, valuable discussions with staff around respect, dignity, compassion and staff responsibilities, which had prompted a lessons learnt approach, around their practice. Some staff told us that this additional training had made them think more clearly about their practice. This meant that outcomes had improved for people, as they appeared calmer and happier.

Staff had a good understanding of the regulatory body codes of conduct, and how to apply them to their day to day practice. The manager had noticed some positive changes in staff practice recently and this was benefitting people's wellbeing in the home.

Staff had completed questionnaires and reflective accounts following each training course. This enabled staff and management to gauge understanding following training, and whether further training was required. This meant that good management oversight was maintained and ensured that all staff had the correct training and understanding, in order to deliver good care.

People we spoke to told us of the manager's open door policy, and that they had confidence to report any issues or concerns. People told us that any issues would be dealt with appropriately, and timeously. We were told, 'I am treated with respect. I know who I speak to if I had an issue and they would sort it out appropriately'. This meant people had confidence that any issues would be acted upon, in order to keep people safe and well.

Regular supervisions had taken place with staff where they discussed reporting of any issues, and their responsibilities in line with this. Staff told us, 'I feel supported', 'It's going really well in here' and, 'I just had supervision, I enjoyed it, it covered everything and how I'm getting on well'. As a result, staff and management worked well as a team together to support each other to ensure standards in the home were maintained, and that people felt valued. This supported a culture of improvement which enhanced people's care.

A sample of reportable incidents evidenced that these were dealt with accordingly, in line with company policy and current guidance. A robust process for following up actions after such incidents was in place and had been seen through to conclusion.

The manager had carried out observations of staff practice to ensure a good standard of care was maintained for people. It was good to see that staff received feedback from these observations which not only identified areas for improvement, but highlighted good practice too. This helped staff feel valued.

Flash meetings were held on a daily basis to discuss people's care and support. The manager was also using these meetings to engage staff in discussions regarding the principles of the Health and Social Care Standards (HSCS). This helped staff to keep focussed on the importance of dignity and respect, compassion and person centred care.

### Met - within timescales

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

### Areas for improvement

#### Previous area for improvement 1

In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources. This includes sourcing alternative means of transport to facilitate outings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 11 October 2024.

#### Action taken since then

The staff team had worked hard to establish more links in the community for residents since our last inspection. This had been a positive development for people, as it made them feel valued and enhanced their overall wellbeing.

People had completed hopes, dreams and wishes documents to give staff ideas on how to build activities around what they enjoyed and wanted to do. This meant people were central to planning of activities, and made them more meaningful.

The home's minibus had been repaired, and had been used frequently for day trips out and about in the local community. Staff had also explored the use of local taxis, which enabled people to go out on a more frequent basis. People told us they had enjoyed recent trips to the local garden centre, museum, harbour and cafés. This meant that people had events to look forward to, and were having different experiences in the local area.

Staff recorded all activities that people had taken part in, on individual, daily interactions sheets. These were informative, and captured what people were achieving each day. As a result, it was clear to see that people were leading more fulfilling lives.

An enclosed outdoor area was now finished and people were able to access this area freely if they chose to do so. Staff and residents were in the process of arranging seating areas, and deciding on planting to develop this area to be more stimulating, for use in better weather. As a result, people now had access to a safe outdoor space to enjoy the fresh air. This enhanced their overall wellbeing.

Activities staff had made connections with a local café club, where people attended for bingo, entertainment and also a ukulele group. People were enjoying new experiences.

Community engagement was encouraged in the home and this continued with entertainers, therapy pets, and a martial arts group who visited to do a display for the residents. People told us they very much enjoyed this event.

Staff told us of residents experiencing more positive outcomes due to an increase in community engagement. An example we were told about was that one resident who was unsettled at times, and staff had encouraged them to go out on a recent bus trip. Staff told us the difference this had made to the person as they now appeared more relaxed, calm and happier, like a different person. This has continued and now this person looks forward to and enjoys all trips out and about.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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