

## Lennel House Care Home Service

Lennel Road  
Coldstream  
TD12 4EX

Telephone: 01890 882812

Type of inspection: Unannounced  
Inspection completed on: 7 September 2017

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Care service number:**  
CS2003043939

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lennel House (referred to in the report as "the service") provides care and accommodation for up to a maximum of 38 older people, including five named adults. . There were 32 residents in the home at the time of the inspection. The home is owned and managed by St Philips Care Limited (referred to in the report as the "provider").

Lennel House is on the outskirts of Coldstream. It is a converted 18th century house which has two floors with 38 single bedrooms and a variety of communal sitting and dining rooms. There are extensive garden areas for the residents to use.

The building is divided into two units, Tweed and Cheviot with 16 and 22 beds respectively.

The service provider's mission statement, taken from the service's brochure, states:  
"To provide a quality service that meets the needs of the whole person by promoting independence and carefully monitoring a safe environment".

## What people told us

Prior to the inspection visit we sent out care standards questionnaires for residents and relatives/carers to complete. We received back nine completed residents' care standards questionnaires and eight completed relatives' /carers' care standards questionnaires prior. All, apart from one, indicated that overall they were satisfied with the quality of care that the service provided.

Three people disagreed that there were enough trained and skilled staff on duty at any point in time. After giving feedback on our observations during the first day of our inspection the service agreed to increasing the staffing levels within the home. We have reported further on this under "quality of care and support" and "quality of environment".

Two people were concerned over the time taken to fix one of the passenger lifts. We confirmed with the management team that work had now been completed on this lift.

At the time of our inspection there were 32 residents in the home. During our visits we met most of the residents. When chatting with us about their day-to-day lives, they indicated that they were generally satisfied with the service being provided. Where residents were less able to express their views, we noted that they were generally settled and relaxed.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the experience of two residents in the lounge areas. Although we saw many positive interaction between the staff and these residents we identified that some staff would benefit from further training and support to make everyday interactions more meaningful.

During our inspection we spoke with two relatives. They were both satisfied with the standard of service currently provided. They thought the staff worked very hard and felt staffing levels should be better.

## Self assessment

All services, with the exception of childminders, have not been asked to provide a self assessment for the year 2017-18.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

The service has continued to perform to an adequate level in the areas covered by this quality theme. The use of internal monitoring meant that the service was aware of where it needed to improve and was working hard to make the necessary improvements. This, along with a full complement of the service's management team when the new manager starts in October, should lead to better consistency in practice which will enable the service to improve on this grade.

The service routinely involved residents, relatives, carers and staff in developing the service using a variety of methods to facilitate their involvement. The service's newsletter, which mainly focused on activities, should be developed to help keep people better informed about events, refurbishment, staffing and how to give feedback.

Improved staffing levels will mean that staff will have more time to spend with residents.

Through discussion, observation of practice and listening to staff handover we confirmed that staff knew the residents well. Further improvements were to be made to the daily heads of department meetings to ensure effective communication.

A new allocation sheet had recently been introduced. This will help to ensure staff are fully aware of their allocated duties for each shift and enable actions that can not be completed on one shift to be passed on to the next shift.

We observed lunch, tea and supper being served and saw that residents were given support to eat and drink, where this was needed.

There was some improvement in the management of medication. However a requirement and recommendation unmet at the last inspection were not fully met (see requirement 1 and recommendation 1, and pages 10 and 13 of this report).

There was some improvement in the completion of care records. Key aspects of risk should be promptly recorded when new residents are admitted (see recommendation 2). Ongoing checks should continue to ensure that recent improvements are sustained and any inconsistencies addressed.

The opportunity presented at the six monthly reviews of care should be used more effectively to discuss and evidence the provision of meaningful activities. We will follow-up progress of this at the next inspection.

The provider intended to introduce the use of electronic care records. This should help support staff with the accurate completion of care records and improve current monitoring arrangements.

## Requirements

### Number of requirements: 1

1. The provider must ensure that all staff authorised and trained to administer medicines to residents carry out safe medicine practice at all times. In order to achieve this, the provider must:

- a) 'As required' medications detail why, when they are given and the effectiveness of these
- b) 'As required' medications are reviewed where these are administered regularly
- c) Covert medications are administered taking account of legislation.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)- Welfare of users - and Regulation 15 (a) and (b) (i) Staffing.

This should take account of the National Care Standards, for Care homes for older people, Standard 5 management and staffing and Standard 15 keeping well - medication.

Timescale: By 31 October 2017

## Recommendations

### Number of recommendations: 2

1. The provider should review the management of the usage and recording of prescribed topical preparations to make sure that residents are given the correct creams and that there is sufficient guidance for staff to apply these correctly.

This takes account of National Care Standards, Care homes for older people, Standard 14 Keeping well - Healthcare.

2. The service should ensure that key aspects of risk are promptly recorded when a new resident is admitted.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

The service was now performing to a good level in the areas covered by this quality theme.

First impressions of the home were good. There was clear signage from the road directing visitors to the home. The garden areas were seen used and enjoyed by residents.

The size of the bedrooms varied, with some in Cheviot unit very spacious. There was a variety of communal areas in both units which offered a choice of sitting areas for residents.

Feedback from residents and relatives/carers indicated that they were pleased with the accommodation provided and thought the home was kept clean. Systems were in place for routine and deep cleaning of residents' bedrooms. The housekeeper was developing cleaning schedules to provide a better overview of the completion of cleaning of the communal areas.

A review of the floor cleaning products was underway as there remained problems with a sticky residue being left after floor cleaning.

Disposable gloves and aprons were available, along with liquid soap, paper towels and waste bins. Storage arrangements were to be improved in the sluice rooms and broken bins replaced.

Staff were to be reminded to check if clothing labels needed to be replaced to help with identification.

Maintenance checks were regularly carried out thereby ensuring that the environment was safe and residents and staff were protected. We recommended that the service keeps an up to date list of slings used with moving and handling equipment in the home. This is to assist in ensuring that equipment checks/servicing are fully completed (see recommendation 1).

The service was in the process of fitting retainers to wardrobes to ensure safety.

A number of new mattresses had recently been purchased and routine mattress checks were to be re-introduced.

The service had used the good practice tool "The King's Fund Enhancing the Healing Environment Care Home Assessment tool" to help it to develop a more supportive environment for people with dementia. This had identified that improvements were to be made to the signage and lighting in parts of the home. We will follow-up progress of this and the service's refurbishment plan at future inspections.

In response to our concerns raised about the staffing levels, management placed an additional member of staff on the day shift. The management team should continue to monitor this (see requirement 1). This would ensure improved standards of care could be provided.

There was clear recording by staff when dealing with residents' finances.

## Requirements

### Number of requirements: 1

1. The provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this provider must:

Ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No. 210 regulation 4, Welfare of users and regulation 15(a) Staffing.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

Timescale: Immediate and ongoing.

## Recommendations

### Number of recommendations: 1

1. It is recommended that the service keeps an up to date list of slings used with moving and handling equipment in the home to assist in ensuring that equipment checks/servicing are completed.

This takes account of National Care standards, Care homes for older people, Standard 4 Your environment.

**Grade:** 4 – good

## Quality of staffing

### Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

Progress was being made on a previous recommendation regarding staff attending training on end of life care. We have kept this recommendation so that we can follow-up on full compliance at the next inspection visit (see recommendation 1).

On reviewing staff recruitment files, we identified some gaps in information that we would have expected to see in these files. The service should ensure that files are updated to ensure that all relevant checks and information can be evidenced (see recommendation 2).

Staff completed a comprehensive induction. An initial orientation to the service should be completed when staff started. We recommended that completed copies of the initial orientation checklist are kept in staff files to evidence this (see recommendation 3).

Regular checks were made with the Scottish Social Services Council and Nursing Midwifery Council to ensure that staff were appropriately registered.

Staff were polite, friendly and approachable, even when under pressure. Through observation and discussion with staff, residents and relatives we confirmed that the majority of staff were knowledgeable about residents' care and support needs.

Residents' and relatives' / carers' feedback about the quality of staff was positive, with a number of staff named as being particularly good.

Staff were to be reminded to wear name badges as this helps visitors and residents to identify staff and to know who to raise concerns with.

The management team had a clear overview of staff training requirements and had a plan in place to ensure these would be met.

A system of formal staff supervision had commenced. This is important in supporting staff with development, training and opportunities to discuss work practice.

Improved staffing levels should help staff to spend more time with residents and allow them to continue to improve their standard of record keeping. All of which will improve the outcomes for residents.

We reminded the service that the outcome of their overall assessment of staffing levels and deployment should be made available to any visitor to the service and everyone using it.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The provider should ensure that all staff at the care home receive guidance and training in end of life care that is appropriate to their role. In addition the provider should be able to evidence that staff understand this training and use the guidance to ensure that care documentation is kept up to date to reflect the changing needs of an individual resident.

This takes account of National Care Standards for Care homes for older people, Standard 19 Support and care in dying and death.

2. It is recommended that recruitment files evidence that appropriate safe recruitment practices have been completed and record any additional evidence gathered to support the application.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Scottish Social Services Council (SSSC) Code of Practice for employers of social service workers.

3. It is recommended that the service keep a copy of the completed initial orientation checklist in staff members' files to evidence that an appropriate induction has been completed.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

**Grade:** 3 – adequate

## Quality of management and leadership

### Findings from the inspection

The service was performing to an adequate level in the areas covered by this quality theme.

The use of internal monitoring meant that the service was aware of where it needed to improve and demonstrated through its ongoing action plan that it was working towards making the necessary improvements. This, along with a full complement of the service's management team when the new manager starts in October, should lead to better consistency in practice which will enable the service to improve on this grade.

Senior management had an overview of key health indicators, accidents and incidents. This supported the service in ensuring that appropriate actions were taken in response to any concerns and helped identify any patterns or issues.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to identified areas of improvement, including feedback that we gave at the end of each of our visits.

Staff who take charge of the home were to be reminded of the Care Inspectorate's document 'Guidance on notification reporting' to ensure all required notifications were reported within the required timescale and contained detailed information on how the incident had been dealt with (see recommendation 1).

Planned staff training involved developing the leadership skills of the senior care staff.

Actioning the requirements, recommendations and areas for improvement made in this report and in the service's ongoing action plan, will support the service to meet this statement and ensure improved outcomes for people using this service.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 1

1. Staff who take charge of the home should be reminded of the Care Inspectorate's document 'Guidance on notification reporting' to ensure all required notifications are reported within the required timescale and contain detailed information on how the incident has been dealt with.



This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

**Grade:** 3 – adequate

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

### Previous requirements

#### Requirement 1

The provider must ensure that when a pressure ulcer has developed that the care and treatment of this follows good practice guidelines, including guidance in the provider's own policy. This must include but not exhaustive of the following:

(i) All individual's identified at risk of developing a pressure ulcer or skin lesion require to have an individual prevention plan initiated and documented which should include:

- \* Level of risk and skin integrity status
- \* Type of mattress in use
- \* Type of chair cushion in use
- \* Frequency of skin checks
- \* Frequency of positional changes/whether turning chart in use
- \* Any prescribed lotions or creams with details of where, how often applied etc.
- \* Any other relevant individual care interventions
- \* The frequency of the care plan review.

(ii) Repositioning plan – individual documented plan of positional changes for when up or in bed, based on individual clinical need.

(iii) Wound Management – evidence of indication of number and location of any wounds. Documented plan of management for each wound with evidence of a wound assessment/treatment chart, record of prescribed wound care products and ongoing evaluation of the wound's progress.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No. 210: Requirement 4(1)(a) Welfare of users.

In making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2, 5.4; Management and staffing arrangements; Standard 14.8, 14.9 Keeping well-healthcare have been taken into account.

Timescale: 22 July 2017

**This requirement was made on 22 June 2017.**

## Action taken on previous requirement

This requirement was made following the findings of a complaint investigation completed since the last inspection visit.

The service sent us an action plan detailing how they would action this requirement. This included ensuring staff were fully aware of the importance of accurate and concise documentation and providing additional staff training. These actions had been taken and we found that there was improved record keeping with regard monitoring and recording wound management.

All residents were assessed for risk of skin damage and these assessments were regularly reviewed. Where risk was identified a care plan had been written detailing the care that needed to be given.

Care plans for residents at risk of developing skin damage contained details of the care and support that was to be provided. This included the use of special equipment and the need for position changes. We suggested the use of a written prompt to ensure consistency when recording this information.

Care records, held in residents' rooms, helped to communicate this information and included use of prescribed creams. This ensured that staff were aware of the assessed care needs and important routines. Information was also provided in the bedrooms when the mattress being used needed to be set at a particular setting to meet the individual's needs.

There was sufficient evidence that the service was meeting this requirement. Ongoing auditing of care records should ensure that improvements made to the completion of care records continues.

## Met - outwith timescales

### Requirement 2

The provider must ensure that all staff authorised and trained to administer medicines to residents carry out safe medicine practice at all times. In order to achieve this, the provider must:

- a) Ensure that controlled drugs are checked consistently
- b) 'As required' medications detail why, when they are given and the effectiveness of these
- c) 'As required' medications are reviewed where these are administered regularly
- d) Covert medications are administered taking account of legislation.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)- Welfare of users - and Regulation 15 (a) and (b) (i) Staffing.

This should take account of the National Care Standards, for Care homes for older people, Standard 5 management and staffing and Standard 15 keeping well - medication.

Timescale for implementation: 31 January 2017.

**This requirement was made on 2 March 2017.**

## Action taken on previous requirement

The service sent us an action plan, within the required timescale, detailing how it would meet this requirement. They recognised that meeting this requirement was an ongoing process and would be supported through training and auditing.

We found that controlled drugs were consistently checked.

Protocols were in place to guide staff as to when to use 'as required' medication. However staff did not always record why these were given or their effectiveness when given. Completion of the carers notes on the back of the medication administration records would be a helpful way to record this information. This would also provide information to help staff to ensure that these medications were regularly reviewed.

Staff were aware of the need to use a recognised good practice pathway if medication was to be given covertly. Staff should ensure that this documentation is regularly reviewed and if no longer needed discontinued.

Whilst recognising progress in meeting this requirement there was not sufficient evidence to meet it fully. Therefore we will follow-up the unmet elements of this requirement at the next inspection.

### Not met

### Requirement 3

The provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this provider must:

Ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No. 210 regulation 4, Welfare of users and regulation 15(a) Staffing.

Timescale: To commence on receipt of the report and for a minimum four weekly assessment.

**This requirement was made on 23 September 2015.**

## Action taken on previous requirement

The service advised us in their action plan that their staffing numbers reflected the number of residents living in the home and their individual dependencies, which were assessed using a recognised tool. Auditing and reviews of accident and incident levels were also used to help assess staffing levels.

At our visit we saw that individual resident's dependence levels were recorded and reviewed monthly. This information was collated to indicate the care hours needed. There was monitoring of accidents and incidents by both the service and the provider.

Due to a recent decrease in occupancy staffing numbers had been decreased. From our observations on the first day of our inspection we noted considerable periods of time when communal areas were not monitored and where we could not see any staff. We were aware that this was mainly due to the number of residents who required the assistance of two carers. Feedback from relatives/carers also raised concerns about the staffing levels.

We discussed our findings with the management team who agreed to cover the day shift with an extra member of care staff. The management team should continue to monitor staffing levels taking into account the layout of the building.

This requirement is carried forward so that we can monitor ongoing compliance.

**Not met**

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

## Previous recommendations

### Recommendation 1

The provider should ensure that all staff at the care home receive guidance and training in end of life care that is appropriate to their role. In addition the provider should be able to evidence that staff understand this training and use the guidance to ensure that care documentation is kept up to date to reflect the changing needs of an individual resident.

This takes account of National Care Standards for Care homes for older people, Standard 19 Support and care in dying and death.

**This recommendation was made on 22 June 2017.**

## Action taken on previous recommendation

This recommendation was made following the findings of a complaint investigation completed since the last inspection visit.

Some progress had been made on this recommendation as suitable training had been sourced, with five places available for staff to attend at the end of September 2017. The service should consider how the information gained from attending this training can be shared with the other staff in the home.

This recommendation therefore remains so that we can follow-up on full compliance.

## Recommendation 2

It is recommended that the settings on airflow mattresses are correct and checked daily.

This takes account of National Care Standards, Care homes for older people, Standard 14 Keeping well - Healthcare.

**This recommendation was made on 19 February 2015.**

### Action taken on previous recommendation

Information was provided in the bedrooms when the mattress being used needed to be set at a particularly setting to meet the individual's needs.

We saw that the mattresses were set at the correct settings and staff were familiar with these settings.

There was sufficient evidence to indicate the service was now meeting this recommendation.

## Recommendation 3

The provider should review the management of the usage and recording of prescribed topical preparations to make sure that residents are given the correct creams and that there is sufficient guidance for staff to apply these correctly.

This takes account of National Care Standards, Care homes for older people, Standard 14 Keeping well - Healthcare.

**This recommendation was made on 16 May 2016.**

### Action taken on previous recommendation

On the medication administration records (MARs) we saw that for creams and ointments there was a note advising that topical medication administration records (TMARs) were being used to describe and record the application of these items.

However we found that not all of these items had a TMAR. Through discussion with staff it would appear that some of these creams/ointments were no longer needed.

Quantities of remaining creams seen in bedrooms did not always reflect that they were being applied at the frequency prescribed. The use of creams and ointments were not seen evaluated in residents' care plans.

Accurate records should be used to evidence when creams/ointments are being applied and to record their effectiveness. Where creams/ointments are no longer required MARs and TMARs should be updated to reflect this. Reviewing the TMARs at the start of each medication cycle would help to ensure they were current.

Whilst recognising progress in meeting this recommendation there was not sufficient evidence to meet this recommendation fully, therefore it remains.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
30 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
15 Dec 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Feb 2016	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Feb 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
15 Aug 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
31 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Oct 2013	Announced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Jul 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
18 Dec 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
29 Jun 2012	Unannounced	Care and support	2 - Weak
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	2 - Weak
20 Oct 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
31 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
31 Aug 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
15 Feb 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
26 Jun 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Mar 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
13 Nov 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate



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