care inspectorate

Lennel House
Care Home Service

Lennel Road
Coldstream
TD12 4EX

Telephone: 01890 882812

Type of inspection:
Unannounced

Completed on:
19 July 2018

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2003043939

HAPPY TO TRANSLATE

About the service

Lennel House registered with the Care Inspectorate on 1 April 2011.

Lennel House provides care and accommodation for up to a maximum of 38 older people, including five named adults. There were 37 residents in the service at the time of the inspection. The service 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 18 and 20 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

During the inspection we met with most of the residents and spoke individually with 14. We also spoke with four relatives/carers within the service. A further two relatives were in contact with us by telephone.

Residents appeared happy with the care they received and with the quality of the food. One resident told us that their window needed fixing as it was difficult for them to see out. We reported this to the management team who told us that they would arrange for this to be repaired.

The visitors we spoke with told us that they were made to feel very welcome when visiting.

Comments given included:

"I'm well looked after"

"The chef is brilliant, makes the food you like"

"I'm not sure about my care plan but they ask me what I like"

"The staff are 98% good only two are a bit sharp"

"The staff are all good, I get on well with them"

"The staff seem well trained and caring"

"The manager is the nicest person I have ever met. She's always so happy, and nothing is too much bother"

"Nothing to complain about."

Four of the six relatives/carers we spoke with were happy with the level of care and support provided. Some negative feedback was received about delays in the response for assistance when the call system had been used,

residents' clothing left soiled after meals, and odour issues in parts of the home. After giving feedback of our observations made during our inspection the provider agreed to increasing the staffing levels within the service. We have reported further on this under "Quality of care and support" and "Quality of environment".

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw that residents responded positively to support from staff. We saw some good examples of positive interactions between staff and residents which demonstrated genuine affection and respect. These actions promoted residents' mental wellbeing. However our observations in the communal areas at the beginning of our inspection indicated infrequent interactions with staff who were busy providing care and support in other parts of the home. Following the increase in staffing we saw that staff had more time to spend with residents.

Self assessment

We are not requesting self assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new Health and Social Care Standards have replaced the previous National Care Standards. These standards seek to provide better outcomes for people who experience care. Services must now take account of the new standards, and should work with staff and the people they support to implement these effectively.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme. Improved staffing levels and the full implementation of electronic care records should enable the service to improve on this grade.

Residents, relatives, carers and staff were routinely involved in developing the service. We suggested that six monthly reviews could be used as an opportunity to ask people how they preferred to be kept informed and/or involved in the service.

Recent improvements in staffing levels meant that staff had more time to spend with residents. We have reported on this further under "Quality of environment".

The service was in the process of transferring its recording of care documentation over to an electronic system. This was making it easier for staff to access information. Staff were beginning to record the care and support

they had provided immediately after they had given it. However there were still gaps in the recording of fluid charts, monitoring charts and skin integrity checks. Through discussion with staff it appeared that staff were carrying out these actions but were not fully recording them, as they were still familiarising themselves with the system. When fully implemented it should provide senior staff with a better overview of the level of care and support being given, help them to monitor dependency levels and alert them to when expected interventions were not being recorded.

There was improved provision of meaningful activities which recognised the importance of physical activity. This helps to support residents to maximise their mental and physical wellbeing.

We observed lunch, tea and supper being served and saw that residents were given support to eat and drink, where this was needed. Food was well presented and residents appeared to enjoy the food provided. Condiments were not always readily available.

There was some improvement in the management of medication. However a requirement and recommendation made at the last inspection were not fully met. We have reworded these to reflect our findings and to reflect the new Health and Social Care Standards (**see requirement 1 and recommendation 1**).

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 ensure that:

a) The effectiveness and use of 'as required' medications are regularly reviewed

b) When medication is not given the reason for this is clearly recorded and promptly followed up.

This must be achieved by 31 August 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states "I experience high quality care and support because people have the necessary information and resources". It is also necessary to comply with Regulation 4 (1) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Recommendations

Number of recommendations: 1

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 is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states "I experience high quality care and support because people have the necessary information and resources".

Grade: 3 - adequate

Quality of environment

Findings from the inspection

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

First impressions of the service were good as there was clear signage to the entrance and tidy garden areas.

The size of the bedrooms varied, with some in Cheviot very spacious. There was a variety of communal areas in both units which offered a choice of sitting areas for residents. Bedrooms were personalised and there was some directional signage which helped people to find their way around the building.

Disposable gloves and aprons were available, along with liquid soap, paper towels and waste bins to promote good infection control practices.

At the beginning of our inspection we observed that there was insufficient care staff and housekeeping staff to meet the care needs of the residents and to keep the home clean, tidy and free from unpleasant odours. In response to our feedback an additional member of care staff was put on the day shift and the housekeeping rota reviewed to ensure sufficient staff on duty each day. The outcome of this resulted in care staff having more time to spend with residents and the home was much cleaner with unpleasant odours promptly dealt with. This must continue to ensure improved standards of care can be provided and to ensure that the home is kept clean (**see requirement 1**).

In addition to monitoring dependency levels the management team need to consider accidents and incidents as well as the layout of the two units. The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

Maintenance checks were regularly carried out thereby ensuring that the environment was safe and residents, staff and visitors were protected.

There was a refurbishment plan which included plans to improve the flooring in the main dining room that was badly marked which detracted from the overall appearance of this room.

Storage of toiletries in some of the residents' bedrooms could be improved.

The service should review its laundry systems to ensure items of clothing can be identified and promptly returned to the correct resident after laundering (**see recommendation 1**).

Staff should ensure that perishable items stored in the fridges are date labelled.

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.

Timescale: immediate and ongoing.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states "My needs are met by the right number of people". It is also necessary to comply with Regulation 4 (1) and Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011.

Recommendations

Number of recommendations: 1

1. The service should review its current systems for dealing with residents' laundry to ensure that items of clothing can be identified and promptly returned to the correct resident after laundering.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.17 which states "My environment is secure and safe".

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

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

Residents, relatives and carers told us that the quality of staff was generally good however staff shortages were commented on. Recently improved staffing levels should help staff to spend more time with residents which will improve outcomes for residents.

Most of the staff wore name badges which helped visitors and residents to identify staff and to know who to raise concerns with. Some required a new badge as their previous badge had been lost or damaged. There was also a named staff photograph board in the entrance area.

New staff had been recruited and inducted in a safe and robust manner to protect residents and staff.

Checks were made with the Scottish Social Services Council and Nursing Midwifery Council to ensure that staff were registered or registered within the required timeframe. The service should check that staff register at the correct level, according to their role in the service, within the required timeframe **(see recommendation 1**).

Staff felt well supported through the use of regular formal supervision. This is important in supporting staff with development, training and providing opportunities to discuss work practice. This was being used to address inconsistencies in practice and to develop leadership skills.

Staff meetings and shift handovers helped to make sure staff were aware of changes in the service, new good practice guidance and relevant information about expected practice.

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

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should check that staff register at the correct level, according to their role in the service, with the Scottish Social Services Council within the required timeframe.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

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

A new manager had started since the last inspection. They had a good understanding of where the service needed to improve and demonstrated they were working hard to facilitate these improvements.

The residents and relatives/carers we spoke with told us that they felt that they could speak to one of the senior care staff, the deputy manager or the manager, whom they named, if they had any concerns. They told us they felt reasonably confident that any issues raised would be addressed.

The manager had developed a monitoring tool to help track residents' risk of skin damage and to ensure appropriate interventions were in place for all residents.

The provider 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. However we would have expected them to review the staffing levels more effectively given the current level of residents' dependency.

A variety of audits were completed however some of these did not identify some of the issues we found at our inspection.

Staff leadership skills were to be developed through training and the effective use of supervision. We will follow up progress of this at the next inspection.

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.

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: 0

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 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, Care homes for older people, Standard 5 management and staffing and Standard 15 keeping well - medication.

Timescale: By 31 October 2017

This requirement was made on 7 September 2017.

Action taken on previous requirement

The service sent us a detailed action plan detailing how it would meet this requirement.

All care staff who were authorised to administer medicines to residents had completed medication training and had completed an assessment of their competency to do this.

Protocols were in place to guide staff on when to use 'as required' medication. Staff recorded when this type of medication was given but did not always record its effectiveness. There were no review dates on the 'as required' medication protocols. Having a review date on the 'as required' medication protocol template would

help to remind staff to assess the effectiveness of the medication as well as provide a prompt to assess whether the medication was still required.

Pathways were in place for staff to follow when considering the use of covert medication.

Although there was regular auditing of medication records gaps were not always followed up.

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 (see requirement 1 under Quality of care and support).

Not met

Requirement 2

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: immediate and ongoing

This requirement was made on 23 September 2015.

Action taken on previous requirement

Individual resident's dependence levels were recorded and reviewed monthly. This information was collated to indicate the care hours needed. However from our observations during our inspection there was insufficient care staff and housekeeping staff to meet the care needs of the residents and to keep the home clean, tidy and free from unpleasant odours.

Feedback from relatives/carers also raised concerns about the staffing levels.

In response to our feedback an additional member of care staff was put on the day shift and the housekeeping rota reviewed to ensure sufficient staff on duty each day. The outcome of this resulted in care staff having more time to spend with residents and the home was much cleaner with unpleasant odours promptly dealt with.

In addition to monitoring dependency levels the management team need to consider accidents and incidents as well as the layout of the two units.

This requirement is carried forward so that we can monitor ongoing compliance (see requirement 1 under Quality of environment).

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 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
Body maps explaining where prescribed topical preparations should be applied were available for most but not all of the residents prescribed topicals.

There was inconsistency in the recording of applications of topical preparations with the prescribed frequency of application not appearing to match the recordings of topicals applied. We recognised that the recent introduction of electronic recording of care actions was an area staff were still getting use to.

Opening dates were not recorded on the topical preparations. Recording this is a useful way of monitoring how frequently topicals are used.

The effectiveness of topical preparations was not seen evaluated in the residents' care plans. Recording this would help to ensure that where creams/ointments were no longer required medication administration records were updated to reflect this.

This recommendation is not met and remains.

Recommendation 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.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation
Examination of care records for two new residents confirmed that key aspects of risk were recorded promptly after their admission.

This recommendation is met.

Recommendation 3

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.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

The service had an up to date list of slings used with moving and handling equipment in the home. These slings were seen to be checked at least monthly.

This recommendation is met.

Recommendation 4

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, 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

The service had experienced difficulty in accessing appropriate training for staff on end of life care. However they had managed to secure training for four staff to attend later this year. Therefore in the interim in order to support staff they had collated good practice guidance on end of life care and through staff meetings had shared this information. This guidance was made accessible for staff to refer to.

There was sufficient evidence that staff had clear guidance on providing end of life care which included ensuring that care documentation would be kept up to date to reflect the changing needs of an individual resident. This recommendation is met.

Recommendation 5

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.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

There was evidence in staff files that safe recruitment practices were being followed, with any decisions made about staff suitability clearly recorded. This included following up any gaps in employment history and checking that appropriate references were provided.

Files were well organised with completed recruitment checklists. This helped to ensure all appropriate supporting documentation had been received.

This recommendation is met.

Recommendation 6

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.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

Staff files for three new staff contained evidence that an induction appropriate to the staff members' role had been completed.

This recommendation is met.

Recommendation 7

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.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

Staff who took charge of the home were aware of our document 'Guidance on notification reporting'. Required notifications were generally reported promptly.

This recommendation is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

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

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

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

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