Lennel House
Care Home Service

Lennel Road
Coldstream
TD12 4EX

Telephone: 01890 882812

Type of inspection:
Unannounced

Completed on:
26 March 2019

Service provided by: St Philips Care Limited
Service provider number: SP2003003516

Service no: CS2003043939
About the service we inspected

Lennel House has been registered since 2003.

Lennel House provides care and accommodation for up to a maximum of 38 older people, including five named adults. There were 33 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”.

How we inspected the service

We wrote this report following a series of inspection visits. Two inspectors made an unannounced visit on Wednesday 20 March 2019. They were joined later in the morning by an inspection volunteer and an involvement co-ordinator.

The lead inspector stayed on until the evening to observe staff workload as the service was piloting a new staffing rota. The pilot appeared to be working well. A full consultation was to take place at the end of April 2019.

The lead inspector returned the following day, Thursday 21 March 2019, and feedback was given on Tuesday 26 March 2019 to the manager and regional manager.

This inspection focused on following up the two requirements and three recommendations identified at the last inspection. Therefore this report should be read together with the service’s last report dated 19 July 2018. We also followed up the two requirements made following a complaint investigation.

During this inspection we gathered evidence from various sources. We observed staff and resident interactions. We spoke with residents, relatives, care staff, non direct care staff, the manager and regional manager.

We walked round the service and viewed a range of records including staff rotas, electronic care records, recruitment and induction records, maintenance records and medication administration records.

Taking the views of people using the service into account

At the time of our inspection there were 33 residents in the home. During our visits we met most of the residents and spoke individually with 16 of them. When chatting with us about their day-to-day lives they told us that they were generally satisfied with the service being provided.
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 examples of positive interactions between staff and residents which demonstrated genuine affection and respect, with humour used appropriately. These actions promoted residents’ mental wellbeing. There were however times during the first day of our visit when we saw that staff were very much task focused. This resulted in missed opportunities to engage with residents. We were however mindful that many of the staff were new and therefore our presence may have impacted on their usual practice. The management team agreed to discuss our findings with staff in order to make them aware of how interactions could be improved.

The activities coordinator was on leave at the time of our inspection. Although some staff tried to help out with activities, the care needs of the residents took priority so there was limited opportunity for activities. We asked that contingency arrangements were made when the activities coordinator was on leave.

**Taking carers' views into account**

We received three completed relatives and carers care standards questionnaires prior to the inspection. All indicated that overall they were satisfied with the quality of care that the service provided although some of the responses indicated inconsistencies in practice at times.

During the inspection we spoke with four relatives. Overall they were satisfied with the service provided. One relative reported some inconsistencies in the care which had been brought the attention of the manager but were not fully resolved.

There had been a high turnover of staff since November 2018. This effected continuity of care and put additional responsibility on more senior staff to support them. The staff team is now more stable and therefore we would expect to start to see improved standards of care being consistently provided. Improved quality assurance should be used to support this.

Comments given by relatives/carers included:

*“She has a lovely room”*

*“Staff kind and friendly”*

*“Very happy with the care”*

*“We are very happy with the care she is getting, anything we are not happy with is put right by speaking to the management”*

*“I am confident that with a daily visit from myself and the care she receives from the staff, that her choices of options are met with satisfaction”*

*“Staff are good but a lot have left so they are very busy.”*
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 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.

This requirement was made on 5 September 2018.

Action taken on previous requirement

There was sufficient evidence that this requirement is now being met.

There were written protocols in place for all “as required” medications. These protocols had recently been amended to include a review date to promote regular reviews. There was improved recording of why “as required” medications were given and the outcome of their use in the carers notes situated on the back of the medication administration records.

Codes were recorded on the medication administration records and/or details written in the carers notes to indicate the reason why a medication was not given. Staff were to be reminded not to use the “N” code, meaning offered, or the “A” code, meaning refused, for “as required” medications to make it clearer on the frequency that this medication was administered.

There was improved auditing of the medication administration records which meant that any non-compliance with expected safe medicine practice was promptly identified and followed up. On going auditing should be used to ensure good safe medicine practice is sustained.

Met - outwith timescales
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.

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.

This requirement was made on 23 September 2015.

Action taken on previous requirement

There was sufficient evidence that this requirement is now being met.

Recruitment of new staff meant that the majority of vacant hours had been filled, with no vacant housekeeping or senior carers hours.

Thorough evaluations of residents’ dependence levels were being carried out. The outcome of these demonstrated that the required care hours were presently being provided.

Where there had been occasional late notice absences that the service had not been able to fully cover we were informed of these, along with the contingency arrangements that were made to ensure residents’ care needs were met.

New staff completed thorough inductions including shadow shifts before being included in the numbers.

A staff allocation system was used to ensure staff were aware of their areas of responsibility for that shift. Staff spoken with were aware of allocated duties.

Staff who needed to be registered with a professional body were registered at the correct level, according to their role in the service, with either the Scottish Social Services Council or the Nursing and Midwifery Council.

There was improved monitoring of the alerts on the electronic care planning system which meant that residents received their identified key areas of care and support.

The management team monitored accidents and incidents reports to assess the effectiveness of staff deployment and to identify if any other action needed to be taken to prevent a similar event from happening.

Overall the feedback we received on the provision of care was positive.

There were no excessive long waits for requests for assistance observed. We suggested that monitoring of the buzzer system would be one way of continuing to check this along with ensuring the volume of the buzzer system did not escalate to becoming an overly obtrusive noise.
Our evening visit found that the new staffing rota times appeared to be working effectively. A full consultation was to take place at the end of April 2019.

**Met - outwith timescales**

**Requirement 3**

The provider must demonstrate that the level of staff on duty is sufficient to provide the assessed level of support and supervision to service users at all times. This has to take into account the layout of the building. Staffing levels must be increased as increased service users’ needs are identified.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) -requirement about staffing.

This also takes into account Health and Social Care Standards 3.15 and 3.16 which states: "My needs are met by the right number of people" and "People have time to support and care for me and speak with me".

This must be completed by **18 March 2019**.

**This requirement was made on 7 March 2019.**

**Action taken on previous requirement**

There was sufficient evidence that this requirement is now being met.

This requirement was made following a complaint investigation regarding concerns raised in November 2018. There had been a high turnover of staff at that time. The staff team is now more stable and as evidenced in the follow up of requirement 2 staffing levels were being maintained appropriately.

The service’s dependency tool is enabling the management team to effectively assess the level of dependency of new residents they can admit to ensure that they can meet their care and support needs.

The management team were reminded to ensure that the overall assessment of the staffing levels and staff deployment must be available to any visitor to the service or anyone using the service.

**Met - within timescales**

**Requirement 4**

The provider must ensure that all new staff complete their induction and associated training successfully before being included in the agreed levels of staff required on shift to meet the assessed needs of people experiencing care.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 4 (1).

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”.

This must be completed by **18 March 2019**.

**This requirement was made on 7 March 2019.**

**Action taken on previous requirement**
There was sufficient evidence that this requirement is now being met.

This requirement was made following a complaint investigation regarding concerns raised in November 2018. Short notice staff absence had resulted in the service having difficulty in covering parts of some shifts.

We found evidence that new staff had completed their initial induction and shadow shifts before being included in the numbers of staff on duty. Their induction was seen to be appropriate to their role.

The full induction process is lengthy and staff often hold their own copy of the induction booklet so that they can continue to work their way through this. Therefore we suggested that the service makes a copy of the completed initial two day induction checklists to put in staff members’ files.

**Met - within timescales**

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**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**

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”.

**This area for improvement was made on 16 May 2016.**

**Action taken since then**
There was sufficient evidence that this area of improvement is met.

The application of prescribed topical preparations was included in the residents’ care plan. As the service uses an electronic care planning system staff had access via their hand sets to the information which informed them of the topical preparations to be used and where they were to be applied. Reminders came up when the time for this task was due.
The improved monitoring of the alerts meant that residents were receiving their prescribed topical preparations.

The use and effectiveness of topical preparations was reviewed through the monthly review process.

Additional training on the use of a frequently used barrier cream was to be sourced.

Staff were to be reminded to record the opening date of new topical preparations.

**Previous area for improvement 2**

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”.

**This area for improvement was made on 5 September 2018.**

**Action taken since then**

There was sufficient improvement to ensure that clothing could be identified to indicate that this area of improvement was met.

The staff had worked hard to label clothing, much of this had been completed with a named button type tag. Staff should be mindful of the positioning of these tags. Consideration was being given to using net bags for the laundering of small items of clothing where the tag may cause skin discomfort.

The majority of clothing in the sample of bedrooms and in the clean laundry boxes we checked were labelled.

One relative informed us that they sometimes get someone else’s laundry. Effective use of the resident of the day process will help to identify any additional clothing that needs to be labelled. Repair of the rotary iron in the laundry will help free up time for laundry staff to check labelling. We will review this at our next inspection.

**Previous area for improvement 3**

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”.

**This area for improvement was made on 5 September 2018.**

**Action taken since then**

There was sufficient evidence that this area of improvement is met.

Our registration checks confirmed that all staff who required to be registered with the Scottish Social Services Council had registered at the correct level, according to their role in the service, within the required timeframe.
A number of new staff were in the process of registering and would need support to complete this process which the management team were aware of.

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