

# Lennel House Care Home Service

Lennel Road  
Coldstream  
TD12 4EX

Telephone: 01890 882 812

**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2021

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

**Service provider number:**  
SP2003003516

**Service no:**  
CS2003043939

## About the service

Lennel House provides care and accommodation for up to a maximum of 38 older people. 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 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".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate and an inspector from Healthcare Improvement Scotland.

## What people told us

At the time of our visit to the service there were 31 people living in the service. During our time in the home, we spoke with eight people and observed interactions between people living in the home and staff.

Due to people isolating in their bedrooms, use of face masks and physical distancing, it was difficult to speak with people in depth about their experiences of care.

People were supported in a kind and respectful manner.

People needed more support to keep active and/or spend time in a meaningful way.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

**How good is our care and support during the COVID-19 pandemic?**

**2 - Weak**

## 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

For this key indicator we found some strengths, however we also identified significant weaknesses. This resulted in an evaluation of weak in this area of the inspection.

Regular staff knew people they supported well. However, due to staff shortages, additional support was provided by temporary staff, resulting in inconsistencies in care.

Staff were kind and caring in their interactions with people. Electronic personal plans contained good information to instruct staff on the care and support people required. Some staff were unfamiliar with this system and therefore could not always meet people's needs or wishes. Training on the use of the electronic personal plans was being given.

Interactions between staff and people were mainly limited to times when personal care was needed. This meant there was limited time to support people to keep active or spend time in a meaningful way. One person told us "I'm okay but a wee bit lonely". Another told us that they wanted a paper to read. **See Area for Improvement 1.**

Quality assurance systems were not as effective as they should have been. There were gaps in the reporting and follow up of accidents and incidents. Robust oversight by senior staff was needed to ensure there were effective processes. Monitoring people's wellbeing and provision of care is important to improve their outcomes. **See Requirement 1.**

## 7.2 Infection control practices support a safe environment for both people experiencing care and staff

We evaluated this key indicator as adequate.

The home was clean and generally tidy. A programme of refurbishment was in place which when completed will help staff to clean more effectively and efficiently.

Shared equipment was cleaned after use. We suggested that a note was put on such equipment after cleaning to inform staff that it was ready for use.

Checks had been completed on the integrity of mattresses and those found worn were being replaced.

Personal protective equipment (PPE) supplies were available for staff throughout the home.

Staff had received training and were knowledgeable about COVID-19 and infection prevention control. Staff were aware of the importance of cleaning frequently touched areas and ensured this took place thereby decreasing the potential for cross infection.

We asked that the outside clinical waste bins were always kept secure and staff reminded to wear PPE when putting waste into these bins. **See Area for Improvement 2.**

## 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

For this key indicator we found some strengths, however we also identified significant weaknesses. This resulted in an evaluation of weak in this area of the inspection.

Staff supported people to self isolate and to socially distance, helping to reduce risks associated with cross

infection.

The management team had recently experienced significant difficulties in maintaining staffing levels. Staffing levels have now increased, although some staff were unfamiliar with the people experiencing care.

The health and social care partnership were providing support with training and staffing. This had made some improvements to how responsive staff could be to people's needs. However, the management team were continuing to support the staff to make further improvements. **See Requirement 1.**

The provider was committed to improving quality assurance systems to enable the efficient operation of the care home to better meet people's needs and wishes.

The provider needed to consider what will happen when the temporary staff leave, especially given the high levels of care and support needs of the people. **See Requirement 2.**

## Requirements

1. People should experience high quality care that is right for them. In order to achieve this, by 5 April 2021, the provider must ensure that:

- a. All care records, including risk assessments, care plans, use of bedrails, and fluid charts are accurate and contain sufficient information to inform and direct staff practice
- b. There is a system in place to effectively audit and monitor the quality of care records including medication administration records to make sure that they meet the provider's own expected standards as well as those set by the Health and Social Care Standards
- c. Where deficiencies in the standard of record keeping are identified, these are addressed through training and support.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" and Standard 4.27 "I experience high quality care and support because people have the necessary information and resources".

2. People should have confidence that their needs and wishes are met by the right number of staff, who have time to support, care and speak to them. By 5 April 2021 the provider must ensure that:

- a. There is an appropriate assessment and review of service users' needs and wishes
- b. At all times, suitably qualified and competent staff are working in the care service
- c. There are sufficient numbers of staff to support service users' health, welfare and safety.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure 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 the professional and organisational codes" and 3.15 "My needs are met by the right number of people".

## Areas for improvement

1.

People should be supported, as appropriate, to remain active and take part in meaningful activities in order to support their physical and mental wellbeing.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

2. To ensure that infection control practices support a safe environment the outside clinical waste bins should be kept secure at all times and staff reminded to wear PPE when putting waste into these bins.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

"My environment is safe and secure" (HSCS 5.17).

## 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).

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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