

Lenore Care Ltd

Lenore Care Home

Inspection report

1 Charles Avenue
Whitley Bay
Tyne and Wear
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Tel: 01912513728

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lenore care home is based in Whitley Bay and provides accommodation for up to 23 people with mental health issues, who require assistance with personal care and support. At the time of our inspection 23 people were using the service.

People's experience of using this service and what we found

People enjoyed living at Lenore. They followed their interests, were supported and enabled by staff who had positive outlooks on care.

Risks to people's health and safety were clearly assessed, reviewed and actions were in place to reduce risks. The provider had clear safeguarding policies and systems in place. Staff understood these and worked openly with external partners to keep people safe. Lessons learned and reflective practice followed any serious incidents.

The environment was clean and safe. The provider was refurbishing the home to make improvements. These made infection prevention and control easier, and gave people more choice.

Staff were recruited safely, with pre-employment checks in place. They were supported with a range of ongoing training specific to people's needs, supervision and competence checks.

Medicines were managed safely by suitably trained staff. Systems and process were well established to ensure good practice was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were well supported. There were some healthy eating initiatives in place.

People felt at home and had a strong rapport with staff. Staff worked hard to ensure people received the right care and support, and felt included.

Activities had reduced during the pandemic. The majority of people were enjoying accessing the community again. The registered manager planned to have an activities champion in place to help people plan their goals and activities.

The registered manager had built positive working relationships with external healthcare professionals. Feedback from external specialists was strong.

Systems were in place for sharing key information on a daily basis, such as a whiteboard and handovers.

The registered manager was supported by the provider to maintain oversight of the service.

The registered manager needed to improve their knowledge of all incidents that required notification to CQC. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 May 2019 and this is the first inspection.

The last rating for the service, under the previous provider, was good published on 14 September 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lenore Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lenore is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives about their experience of the care provided.

We observed interactions between staff and people in communal areas. We spoke with six members of staff including the registered manager, care staff and domestic staff. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two further health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The registered manager had reviewed and improved systems to make sure people received their medicines as prescribed, when they needed them. They worked proactively with healthcare partners to reduce the risk of one person missing their medication. They reviewed administration times to better suit the person, which reduced the risk of them missing medicines.
- There were systems in place to identify and act on errors, which had reduced over time. These included stock checks, audits by senior staff and a visiting pharmacist, and nominated medicine champions. The registered manager had worked well with a new pharmacy provider to introduce improved processes.
- The registered manager checked staff competence regarding medicines administration on a regular basis. Medicine Administration Records (MAR) were accurate and up to date. Medicines were stored safely, and room and fridge temperatures regularly checked.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks to people's health and safety were considered in detail prior to them moving to the service and then reviewed regularly. Staff demonstrated a good understanding of specific risks and how to minimise them.
- People felt safe and at home. They interacted in a relaxed, open way with staff and told us there was mutual trust and respect. One person said, "They keep me very safe here." One relative said, "I have peace of mind knowing they look after [person] so well."
- The service was undergoing maintenance work in some areas and there were plans for further developments. Some of these changes were in response to feedback from infection prevention and control specialists and some were part of the provider's plans to continually improve the service. Utilities and safety equipment were regularly serviced.
- There were sufficient numbers of staff to safely meet people's needs. People and relatives confirmed this. One relative said, "They are always on hand if [person] needs anything, anytime."
- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risks of recruiting unsuitable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. People and relatives were confident in raising any concerns with staff and the registered manager. External partner organisations had confidence in the registered manager's ability to tackle any safeguarding issues appropriately. One said, "They have been responsive to any safeguarding concerns with evidence of clear actions to minimise identified risks."
- Staff received safeguarding training and understood what constituted abuse, and what to do if they had concerns.

- Safeguarding incidents were reported, clearly documented and reflected on to identify patterns or learn lessons.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager had worked proactively with infection prevention and control specialists to find ways to improve the service. They had, for instance, outsourced the majority of laundry as the current facilities did not allow them to effectively and safely complete all laundry tasks on site.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The layout of the building made this difficult at times but the provider had plans in place to provide additional communal space.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The registered manager ensured relatives were able to visit their loved ones, in line with current guidance.

Learning lessons when things go wrong

- When something went wrong or a mistake was made, the registered manager and provider took appropriate action and applied any lessons learned. Accident and incident documentation was clear.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured the service could meet people's needs ahead of them coming to the service. Care plans were detailed regarding all core areas of care and staff were knowledgeable about people's needs.
- Care plans were suitably detailed and up to date. The service used an electronic care records system on which staff documented tasks every day. There was also a paper record of core information for each person. Visiting professionals or new staff had access to sufficiently detailed person and medical backgrounds.
- People were pleased with the support they received. One person said, "The staff do things straightaway unless they are really busy. They don't forget."
- Communication between staff was good, with clear systems in place, such as daily handovers and key information on a whiteboard in the office.

Staff support: induction, training, skills and experience

- Staff were appropriately skilled and trained. People had a wide range of needs and staff were trained in all relevant areas to support them. Where people's needs changed, additional training was put in place.
- Staff were trained through a blend of online and face to face training. One staff member said, "The training I have received has been brilliant and I have been able to put a lot of things I have learnt from training to good use and practise." All people and relatives we spoke with felt staff were knowledgeable in their role.
- Staff received regular support from the registered manager through supervisions and competence assessments. Staff told us they were well supported. For example, one member of staff was being proactively supported to move from a domestic role to a care role.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed meals and snacks. They were supported to eat and drink in line with their preferences and needs.
- Staff understood people's dietary requirements and preferences. There was a diabetes champion who had a good understanding of the dietary considerations for people with diabetes. Care plans were tailored to people's needs and preferences.
- Most people chose to eat lunch in their rooms. Staff encouraged people to try healthy options by introducing smoothies and having a 'breakfast club', where people were encouraged to make their own meals. The provider had plans in place to extend the current kitchen space as it was small and made it more difficult for people to develop their cooking skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked well with a range of other agencies and clinicians. They monitored people's needs closely and sought help proactively. External professionals confirmed staff communicated with them well and sought (and acted on) advice. One said, "The staff team are engaging, keen to understand the person's needs and contribute well to discussions about effective support; they have been willing to take on board professional advice and also contributed their own ideas."
- Relatives said they were involved in care planning and were informed when there were changes.
- People confirmed they saw a GP when they needed, along with having their health needs met. One said, "I had a bad infection and saw the GP quickly. Staff went with me in the afternoon to the hospital and got everything sorted." Another said, "I have several appointments a year and staff always go with me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Staff were knowledgeable and suitably trained. Capacity assessments were decision-specific, and people were asked for consent before care and treatment.
- Where best interest decision making was required, this was completed in line with MCA guidance and involved those who knew people best.

Adapting service, design, and decoration to meet people's needs

- The nature of the building (three terraced properties joined together) meant corridors and stairs were sometimes narrow. The registered manager considered the impact on people and worked to give people who may have greater mobility needs more accessible options. This included installing a ramp and converting one storage/staff room to an en suite ground floor room for one person – they were extremely pleased with the outcome.
- People could choose where they spent their time and the provider was keen to extend the building to provide more communal space.
- People's rooms were personalised and furnished as they liked.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently felt supported and respected as individuals. Staff interacted patiently and sensitively with people and were familiar with their individualities and preferences. One person said, "The staff are all lovely – they're incredible." One relative said, "They are brilliant, I can't speak highly enough of them." One external professional said staff worked hard to give people, "Quality of life and feelings of empowerment and independence. These values are clearly evident in the discussions I have been involved with."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff recognised and supported people's individuality. For instance, where people had formed relationships important to them, staff ensured they could visit their partner.
- Staff supported people in a calm, patient manner. They did this alongside a range of tasks and changing priorities. The service was vibrant and staff were responsive to people's changing needs.
- Staff encouraged people to maintain their independence, for instance through accessing the community more often after various lockdowns and restrictions. The registered manager recognised the need to make more links between the service and the local community and said they planned to introduce a staff champion in this area.
- People were empowered and supported to make choices. The registered manager involved people by seeking their views at regular meetings. People were keen to speak with us during the inspection and took pride in their home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they could do their own thing and that staff respected how they wanted to spend their time. Staff took an interest and demonstrated a knowledge of people's backgrounds and interests.
- Staff worked hard to make sure people could see loved ones during the pandemic. Relatives confirmed staff had been flexible in supporting safe visits to the home. They all agreed they were regularly updated by the registered manager regarding visiting rules and guidance.
- People were encouraged to maintain relationships that were important to them. Relatives who did not live close enough to visit regularly received photographic and telephone updates from the staff. They told us, "This makes us feel involved and bridges the gap."
- There was a games room which was small and under-utilised. The registered manager agreed to review its use. They hoped the extension at the rear of the property would add additional communal space where people would choose to socialise. There was a small amount of outdoor space but the location of the service meant people went for numerous walks into the town and by the seafront. Staff encouraged people to do so.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and written from a person-centred perspective. They had regard to what really mattered to people and what staff needed to know to support them. People were involved in the writing and review of their care plans, as much as they wanted. Staff and external professionals had clear access to information that helped them support people in the best way.
- Staff used a range of systems to ensure people received the right care at the right time. This included a whiteboard, handovers and electronic records that were updated in a timely manner.

Improving care quality in response to complaints or concerns

- The provider had effective policies and procedures in place to handle complaints. People, relatives and staff told us they could raise any issues. We observed people openly raising anything they weren't happy with during inspection, and this being responded to sensitively and seriously by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained a range of information about people's communication needs. Staff communicated with people well, in line with these plans. Staff were responsive to the need to change their communication style to a range of people with different needs.
- The registered manager ensured infection control, complaints and other key information was available in accessible formats.

End of life care and support

- Staff had received relevant training. Nobody using the service was in receipt of, or likely to require, end of life care at the time of our visit.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example and took an interest in people's individual needs and goals. They were supported by a staff team who worked together well to achieve good outcomes for people. One staff member said, "The manager is the best I have ever work with - she is very approachable, accommodating and understanding." One relative said, "I have to say, the communication and support from the manager and the staff has been first class. I have a lot of confidence in them."
- People and staff felt involved in the running of the service, for instance they were aware of the plans to extend the service. The atmosphere during inspection was vibrant and people took pride in speaking with us about their experiences at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff team understood their roles and responsibilities. There were clear measures in place to ensure standards were maintained and all staff understood these.
- The registered manager had made improvements and there were clear plans in place to continually improve the service. They took personal responsibility for all aspects and there was scope to further delegate responsibilities. The registered manager had some champions in place and hoped to have more in the future to help ensure experience was shared.
- Auditing systems and processes were effective. There were regular audits to help identify areas where improvements were required, or to ensure good practice was continuing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ensure people's opinions were considered and acted on. Staff spoke with people in a way that genuinely sought their views. The registered manager spoke with people and staff on a daily basis, as well as holding more formal residents meetings, which brought about changes people wanted.
- The service worked in partnership with health and social care professionals who were involved in people's care. Feedback was positive from these partners. The registered manager hoped to forge stronger community links to ensure people had more health and wellbeing opportunities outside of the service.
- Staff we spoke with felt extremely well supported by the registered manager. They recognised the hands-on support of the registered manager during the pandemic and their patience.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had made lessons learned and reflections on practice part of the culture. Staff were able to reflect on incidents openly and to use them as an opportunity to review practice, rather than blame.
- The registered manager's knowledge of all incidents they needed to report to CQC needed improvement. They demonstrated an openness and willingness to improve systems to ensure all required notifications would be sent to CQC.

We recommend the registered manager reviews guidance in this area and ensures systems are in place to ensure all appropriate notifications are submitted.