Care UK Community Partnerships Ltd

Lennox House

Inspection report

75 Durham Road
London
N7 7DS

Tel: 02072726562
Website: www.lennoxhouseislington.co.uk

Date of inspection visit:
26 November 2020

Date of publication:
08 March 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Lennox House is registered to provide personal care and accommodation for up to 87 people. At the time of this inspection there were 39 people in residence. This is because the home was under an embargo imposed by the local authority, and so had temporarily stopped admitting new people until improvements were made. The home is divided over four floors. At the time of the inspection only the ground and first floors were in use due to major ongoing fire safety remedial work.

People's experience of using this service and what we found
During our last inspection we found systems and processes to support good governance were not effective. At this inspection we found that significant improvements had been made. The home had worked collaboratively with local partners to develop and strengthen governance systems. There was new leadership that was committed to driving change and improving the quality of care. Whilst improvements had been made, there were still some work in progress to embed the changes.

Additionally, there is ongoing fire safety work to ensure that the unoccupied areas of the building were safe before floors could be opened up for people. Therefore, we have judged that in as much as the home had made progress, there was still some work to be achieved and further embedding of systems and processes.

Improvements had been made to manage risks to people's safety. There were adequate systems to assess and monitor safety. The home had systems to safeguard people from abuse. Policies were regularly reviewed and were accessible to all staff.

The home learned and made improvements when things went wrong. There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The home demonstrated that they had acted on recent safety concerns.

Significant improvements had been made for providing effective care. People's needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance. The home had improved their systems to ensure all people whose symptoms indicated serious illness were followed up.

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 home supported this practice.

Staff treated people with kindness, respect and compassion. They understood and respected the personal, cultural, social and religious needs of people. This ensured the home organised and delivered services to meet people's needs.

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

Rating at last inspection: The last rating for this service was inadequate (published 25 March 2020).

The home completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This home has been in Special Measures since January 2020. During this inspection the provider demonstrated that improvements have been made. The home is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Lennox House

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.

Inspection team
The inspection team consisted of one inspector, a specialist advisor, a pharmacist to support with medicines and two Experts by Experience on the first day of the inspection. 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
Lennox House is a 'care home'. People in care homes receive accommodation or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information, we held about the home and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with three people using the service, and seven relatives. We also spoke with 11 members of staff including, the registered manager, deputy manager, unit manager, and the chef.

We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing. We reviewed eight people's personal care records, seven staff record, staff rotas, medicine administration records and other records relating to the management of the service such as health and safety records and training records.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
Prior to this inspection, we received a concern regarding fire safety arrangements at the home. There were concerns that in the event of a fire, the premises were not safe to be vacated as quickly, safely and efficiently as possible. At this inspection, we found improvements to fire safety had been made. However, there were ongoing fire safety work to ensure that the unoccupied areas of the building were safe before more floors could be opened up for people.

- Health and safety risk assessments had been carried out and the home had begun to make improvements to fire safety measures. For example, all areas above the first floor had been completely evacuated to mitigate risks related to fire, and at the same time allowing work to be carried out.
- Other remedial work was still in progress and this was being regularly evaluated by the provider, with periodic checks from the local authority.
- We saw that the improvement schedules had been revised a few times. The registered manager explained some of the progress had been hindered due to the impact of Covid-19 and the complexity of the work that is being carried out.
- Effective arrangements for identifying, managing and mitigating other risks had been implemented since the last inspection.
- Potential risks to people's health, well-being and safety had been identified, assessed and reviewed regularly.
- Risk assessments covered areas such as diabetes, skin care, falls and use of equipment. The assessments described measures to be taken to make sure people were safe.
- Relatives acknowledged improvements made since the last inspection. A relative told us, "They are managing my relative's diabetes really well. They contact me about any changes."

Systems and processes to safeguard people from the risk of abuse
At the last inspection in January 2020 we rated the home as inadequate for providing safe services because risk assessments were not comprehensive. Furthermore, the home did not have enough suitably qualified staff to meet people's needs. At this inspection we have rated the home as requires improvement for providing a safe service. Although, the home had addressed safety concerns from the last inspection and implemented new systems and processes, there was still some work in progress to embed the changes made. In addition, milestones and schedules for completing fire safety remedial work had not been fully met.

- People were safe from harm because the provider had effective systems and processes to safeguard

people from abuse.
● A safeguarding policy was in place and staff had received up-to-date safeguarding training appropriate to their role.
● Staff knew how to identify and report safeguarding concerns. They knew they could notify the local authority, the Care Quality Commission (CQC) and the police when needed.
● Improvements were noted in the escalation of incidents and safeguarding concerns. A safeguarding tracker was in place, which logged concerns raised and any outcomes.
● The registered manager and other senior managers had taken appropriate action where safeguarding concerns had been identified.

Staffing and recruitment
● Safe and effective recruitment was followed to ensure staff were suitable to work in a care setting.
● Documentation such as references and criminal record checks were received before staff commenced employment.
● A relative told us, "I believe over the last couple of months the home is turning a corner and have improved. The improvement is mainly with the staff turnover. The staff are happier and so they're not leaving. It means that there are fewer agency staff."

Using medicines safely
● People's medicines were managed safely. We observed they were stored securely, ordered, administered and disposed of safely.
● Control measures were in place to make sure medicines were managed safely. People had regular medicine reviews. Monthly key performance indicators were printed and reviewed weekly as part of the provider's audit system.

Preventing and controlling infection
● We were assured that the home was preventing visitors from catching and spreading infections.
● We were assured that the home was meeting shielding and social distancing rules.
● We were assured that the home was using PPE effectively and safely.
● We were assured that the home was accessing testing for people using the service and staff.
● We were assured that the home was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the home was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the home's infection prevention and control policy was up to date.
● Relatives felt safe to visit their loved ones. A relative told us, "It is brilliant. They have been good with managing COVID-19 and we can visit with an appointment. They scan your temperature, give you the gear, then you go around the garden at the back to the booth."

Learning lessons when things go wrong
●The new management had a focus on improving practice when things went wrong. For example, the home had improved care for people with diabetes. We saw evidence they now received appropriate and safe care.
● Staff recognised incidents and reported them appropriately. All falls were reviewed, and risk assessments were updated to reflect any changes.

Requires Improvement

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The home had improved systems and processes to keep staff up to date with current evidence-based practice. There were up to date policies in relation to a range of medical conditions and where applicable, National Institute for Health Clinical Excellence (NICE) guidelines were in place.
- Care plans had been improved and were now holistic. People's needs, and preferences were included.
- People's immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- Improvements had also been made in the escalation process. There were appropriate referral pathways to make sure that people's needs were addressed.

Staff support: induction, training, skills and experience
- The home demonstrated staff had the skills, knowledge and experience to carry out their roles.
- There were training logs and documentation that confirmed the required training and competencies had been achieved.
- Staff told us if they needed more support to access on-line or class-room based training, management would support this.
- New staff had an induction training programme, which met the requirements of the Care Certificate training programme. They were also allocated a mentor to help them settle in their role.
- Qualified nurses had received support and completed relevant training. We saw improvements had been made in their ability to take early action, initiate correct treatment or escalate to the multi-disciplinary team.
- Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation.

Supporting people to eat and drink enough to maintain a balanced diet
- People had enough to drink and were given a varied nutritious diet. Care plans enabled staff to make sure people ate and drank the right things and this was kept under review.
- People were offered meaningful choices. The menu text was legible and included pictures of the meal selections available to support people who could not read.
- Food was presented in an appetising manner. The home used several ways to make food as attractive as possible when people were on specific diets.
- The chef had picture evidence of how puree or soft meals were prepared, including the use of moulds to ensure food looked aesthetically pleasing.

● Relevant information about people's dietary needs was passed to the kitchen staff. The chef had developed an information board for the catering team designed to hold key information about people's dietary preferences.
● Advice was sought from relevant professionals where there were concerns about nutritional intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed all appropriate staff, including those in the local authority, CCG (Clinical Commissioning Groups) and the wider multi-disciplinary team were involved in assessing, planning and delivering of care and treatment.
● The management and the nursing team had worked hard to develop positive working relationships with the multi-disciplinary team.
● There were improvements in coordinating care and treatment. We saw care was delivered and reviewed in a coordinated way when different teams or agencies were involved.
● Relatives told us of prompt and appropriate support from the home and other health care professionals. A relative told us, "They are responsive and notice when my relative is not well and will call an ambulance or involve others if necessary."

Adapting service, design, decoration to meet people's needs
● There was ongoing work to make the environment more dementia friendly.

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 home always obtained consent to care and treatment in line with legislation and guidance. Relevant procedures had been followed in relation to DoLS.
● Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were involved.
● Detailed records in relation to "best interests" meetings and DOLs authorisations were in place.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
Our last inspection in January 2020, rated caring as requires improvement. We judged the overall concerns we found during the inspection did not demonstrate a caring approach. At this inspection we have rated caring as good. We saw improvements had been made. Staff treated people with kindness, respect and compassion.

- The new management had created a supportive environment in the home that allowed people to feel well treated and cared for.
- A relative told us, "The staff always talk to my relative and ask how she is. I can't thank them enough for being there for her. She has company 24 hours a day."
- There was a focus on inclusion, equality, diversity and human rights. People's differences in relation to areas such as religious beliefs, race and ethnicity were respected.
- People were supported to mark religious festivals, holidays and observances, including Christmas, Easter, Diwali and Ramadan.
- Staff understood the need to protect and respect people's human rights. They had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care
- People's consent was sought before they were offered care. We observed people being offered choices in respect of meals, activities and staff respected their decisions.
- People were provided with information in the most accessible format to support with decisions. Where necessary, families or advocates were consulted. This ensured people with limited capacity understood options available to them.
- The registered manager had regular meetings with people and their relatives. People's relatives told us people's views were acted upon. A relative told us, "The service asks for feedback, and I do attend the meetings. I do feel listened to. I do go back to check that they put suggestions that we have made in place."

Respecting and promoting people's privacy, dignity and independence
- People were treated with kindness and respect. We observed when they requested for support, this was responded to promptly. Any personal care was given discreetly and in private.
- Staff knocked on people's doors and asked for their permission before they entered.
- We observed positive interactions between people and staff. The registered manager and staff were always observed to be compassionate and interested in people's needs. Staff spent time sitting with people,

chatting and listening to what people had to say.

● Staff took extra effort to ensure that people were cared for and enjoyed a meaningful life. A relative told us, "Staff are very kind to my relative. They know her well. They have put things in place to ensure that they can give her the care that she needs. My relative didn't accept that she needed the extra support and the staff have kindly encouraged her to accept the care."

● Information about people was treated as a private and confidentiality matter. Care records were stored securely in locked cabinets in the office and electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
Our last inspection in January 2020, rated responsive as requires improvement. People were not receiving person-centred care. At this inspection we have still rated responsive as requires improvement. Whilst improvements had been made, there were still some work in progress to embed the changes made.

- We saw that improvements had been made to ensure people received person-centred care.
- The care plans were now more detailed and reflected the needs and wishes of people. They provided clear instructions for staff to follow. Notably, there were significant improvements in diabetes care, pressure ulcer and falls management.
- Relatives had been complimentary in their comments about the service. They told us people had meaningful choice and real control over their lives.
- One relative told us, "The service has improved in the last 6-7 months. Communication has improved. They send me emails with any changes in my relative's care." Another relative said, "They are responsive. They notice when my relative is unwell. We feel that there has been an improvement since the last inspection."

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.

- People's communication needs were known and understood by staff. The service took steps to ensure people received information they could access and understand. Communication support was provided if needed and clearly recorded in people's care plans.
- A range of communication methods had been developed to inform and involve people in their care. People could make their views known through families, advocates and interpreters.
- A relative told us, "The service has really made an effort to improve our relative's communication. They have built a booth to enable us to visit our relative. They installed an intercom which is loud enough so my relative can hear."

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
- A range of regular meaningful and fulfilling activities were on offer. Specific activities had been developed

for people who did not like to join in group activities.
● A relative told us, "My relative loves the entertainment. I have lots of videos of her shaking maracas, dancing and singing. She is singing along to songs. One of the carers plays the guitar and the organ so they have lots of entertainment."

Improving care quality in response to complaints or concerns
● The home ensured complaints and concerns were addressed and to make sure quality improved.
● There was a complaints procedure, which people's relatives were aware of. Relatives told us they were aware they could speak with staff or the registered manager if they had any concerns.
● Relatives felt they would be listened to if they needed to complain or raise concerns. They commented that when they made suggestions, these had been received and responded to positively.
● A relative told us, "They often phone me to ask to check if I am worried. We have had a zoom meeting with the manager so we can bring things up about our relative. I definitely think that we are listened to. They do follow up on what we say."

End of life care and support
● The home provided end of life care with support from the multi-disciplinary team. Both practical and emotional support were provided.
● There was an end of life policy in place. The home had discussed end of life arrangements with people and their representatives.

Requires Improvement

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
At our last inspection in January 2020, we rated the service as inadequate for well led. This was because there was a lack of effective governance systems. Whilst some improvements had been made, there were still some work in progress to embed the changes made.

- The management team demonstrated a commitment to providing high-quality person-centred care.
- There was a clear cultural shift since our last inspection. The home had a clear vision and set of values that prioritised quality and sustainability.
- Staff were now aware and understood the vision, values and strategy and their role in achieving them.
- The results of audits and surveys demonstrated there had been some improvements. Notably, there were improvements in leadership, staff morale, communication with the multi-disciplinary team, safeguarding, incident reporting and risk management.
- Relatives spoke positively about how the registered manager had created a positive culture, within which teams had become effective.
- One relative told us, "I believe that the new manager has made a positive difference. The staff seem happier and it's nice to see the same staff. Staff are not leaving like they used to. He has been a good influence."
- Staff described the registered manager in complimentary terms such as approachable, supportive, kind and caring.
- The registered manager told us, "Having been in post for eight months I feel I have stabilised and supported Lennox House by creating a new culture of positivity and respect for each other. My vision would be to continue to create and develop a better connection with our residents, families and staff to ensure the service remains a safe and preferred place of sanctuary."

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 home complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff whose responsibilities included making statutory notifications understood what this entailed. We had been notified of notifiable events.
- When people were affected by things that went wrong, they were given an apology and informed of any

resulting action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The home had a clear management structure. Senior staff were allocated lead roles. The new management team understood their role and they were committed to running a high-quality service that met regulatory requirements.

● There were strategies and interventions to address the issues we revealed in our last inspection. It was evident the home had worked effectively with the local authority, CCG and the wider multi-disciplinary team to make improvements.

● The home had worked in collaboration with its local partners to produce positive changes associated with several attributes, including performance metrics, which were subject to a multi-disciplinary team oversight.

● The home had developed a detailed quality monitoring system, which included an internal and external auditing system. This ensured progress against delivery of the strategy was monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There were systems in place to engage with people receiving care, their relatives and staff.

● People and their relatives received regular surveys, which were analysed by the quality team and changes made where necessary.

● A relative told us, "We used to have relatives' meetings before the lockdown. We now have zoom meetings monthly. We also have a letter once a month from Care UK and one from the registered manager."

Continuous learning and improving care; Working in partnership with others

● Since our last inspection, there was evidence of improvement and continuous learning. The registered manager told us, "Working efficiently as a manager is all about teamwork. You need the ability to understand one's limitations and allow others to help you."

● The home had made significant improvements through a combination of actions, including partnering with the local authority and CCG to build a shared view of challenges and of the needs of people receiving care. Arrangements for identifying, managing and mitigating risks had been improved.

● However, despite these improvements, it was generally acknowledged it would take time for it to be embedded throughout the service. Notably, from speaking with some professionals and families, support and 'buy-in' of senior leaders of Care UK was considered critical for long term success. On that basis, we rated the service as requires improvement overall to allow time for the noted improvements to be embedded.