

# Strawberry Fields Care Limited

# Lennon House

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Lennon House is a residential care home providing personal care to up to three people. The service provides support to people that have a learning disability and autistic people. At the time of our inspection there were two people using the service.

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

#### Right Support

People had active and meaningful lives. People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. The service gave people care and support in a safe, clean and well-maintained environment. We recommended the provider follow best practice in relation to the management of medicines. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access health and social care support in the community.

#### Right Care

People received kind and compassionate care.

Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. We made a recommendation about the management of medicines.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People were supported by consistent staff who knew them well.

People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Quality assurance systems needed strengthening further and embedding into practice. We made a recommendation about the providers systems being strengthened.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 05 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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?

Good ●

The service was 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.

# Lennon 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

#### Service and service type

Lennon House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lennon House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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. We visited the service on 18, 23 and 25 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager and two senior support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We gathered feedback from two professionals and spoke to one relative about their experiences of the care provided.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

### 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; Learning lessons when things go wrong

- People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to manage medicines safely. Their competence to manage medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- One person was prescribed a medicine to manage a medical condition. There had been an administration error resulting in the person not receiving the full dose of their medicine over a number of days. The MAR chart was not completed accurately during this time. This had not caused harm to the person and the providers audit systems had identified this error. Immediate action was taken to reduce further errors of this nature.
- When people were prescribed topical creams and ointments, body maps were not used to identify the site of application, however staff knew people well and knew where to apply creams. During the inspection staff implemented new documentation to address this whilst we were on site.
- Detailed guidance specific to each person on how to administer medicines to be taken as and when required (PRN) was available. Instructions for medicines to be given at specific times were available.
- There had been very few incidents in the service. There were systems and processes in place to learn lessons and drive service improvement.

We recommend the provider follows best practice guidance for the management of medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative said, "I have no concerns about safety. I know [name] is perfectly safe there."
- Staff received training in safeguarding and were knowledgeable about their responsibilities to identify and report concerns.
- The registered manager reported safeguarding concerns to the local authority and Care Quality Commission as required. A staff member said, "If I had any concerns, I would make my manager aware. If nothing was done, I would then go higher than my manager and contact the registered manager and CQC."

### Assessing risk, safety monitoring and management

- There were systems for ensuring people's safety. Risk management plans had been reviewed and updated where necessary. Where people were at risk there were suitable plans in place to manage this risk.
- Staff were knowledgeable about how to keep people safe. We observed care workers following people's

care plans, including ensuring people were supported to eat and drink safely.

- A staff member said, "We promote positive risk taking by following the risk assessments that are in place. Staff are aware through the risk assessments about actions they can take to reduce risks, so a resident is still able to do the activities they want to do."
- Equipment and premises had been checked to ensure they were safe for people, however we found some shortfalls in the checks consistently taking place. Further information is reported in the well-led section of this report.

#### Staffing and recruitment

- People received their care and support from regular staff who they knew well.
- There were enough suitably skilled and competent staff to meet people's needs.
- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

- People were receiving visitors in line with Government guidelines.



# 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 for 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

- Staff we spoke with were clear on ensuring people's choices were upheld.
- Care plans reflected people's protected characteristics under the Equality Act 2010 to ensure these were identified and respected. This included people's wishes in relation to their culture and religion.
- People were engaging in meaningful activities like going to the park and attending social groups. People were also involved in activities in the home, such as household tasks including doing laundry and vacuuming. The staff recognised they needed to work with people at their own pace.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service. Staff told us, "I did have an induction before starting work for the company as well as working some shadow shifts before starting full time. I did, and do, feel confident working unsupervised."
- Regular training was conducted, and this was specific to people's support needs. Staff were skilled and competent in their role. The registered manager was aware where outstanding training was required.
- Staff could explain how they used training they had received in their role and developed their practice. One staff member said, "I've kept up to date with all required training, such as autism training and moving and handling."
- Staff had regular supervision with a senior staff member to support their wellbeing and to monitor their performance and development. Staff said they were well supported by the registered manager.

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

- People were supported to maintain healthy diets and were involved in shopping and food preparation. A relative said, "I have no concerns, [name] eats very well has a good diet, they [staff] cook proper meals."
- Mealtimes were flexible and sociable. They were designed to cater for individual's choices.
- People were encouraged to be involved in meal preparation and encouraged to learn new cooking skills.

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

- People's bedrooms were individualised as they were personalised in décor, style and furniture.
- People had access to a garden with outdoor seating, a conservatory and sensory room.
- Communal areas were homely, with photographs and items personal to people. Some redecoration was taking place and plans were in place to replace flooring.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's health needs were regularly reviewed. People records contained information about various health professionals they saw such as dentist and opticians.
- People were supported to access healthcare appointments and advice from professionals was followed.
- People had a hospital passport in place which contained up to date information on their health needs, in case an admission to hospital was necessary.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For people assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and associated best interest decisions.
- The service had made DoLS applications as required and were following up applications with the local authority where there was a delay.

# 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 for 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 partners in their care.

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

- Records showed people were asked whether they had any religious needs or preferences. At the time of our inspection, the service was supporting a person to meet dietary needs based on their culture.
- Staff were passionate about the people they cared for and were motivated to meet their needs with compassion and kindness. A staff member said, "I love working at Lennon House. I enjoy spending time with the residents, watching them flourish and progress with their lives. It is a fulfilling job to have. The staff all pull together and it makes it a happy place to be for everyone."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about the care they received. Regular monitoring took place to check activities were meaningful, and that goals and aspirations were achieved.
- Staff were clear about the importance of understanding people's care plans.
- A professional told us, "In terms of the care provided to [name] from staff, I have no immediate concerns. I feel that there is a small regular team who knows [name] well. I feel they are supportive to [name's] parents and able to accommodate short notice changes."

Respecting and promoting people's privacy, dignity and independence

- Where people were able to do so, staff supported people to be independent. Staff encouraged people to be meaningfully involved in activities and to both people who were developing additional skills to promote their independence.
- Confidential documents were kept securely locked away when not in use, with passwords and safeguards on electronic systems. Staff were aware of the procedures for handling sensitive information within the 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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred. They described people's routines, what was important to them and their likes and dislikes.
- People were supported in the way they preferred. Care plans detailed how to support people effectively in line with their preferences.
- Staff told us how they adapted shifts so people could participate in activities. Staff described a time they supported people to go bowling and afterwards visited an arcade. The person was having a great time and the staff shift ran over by 40 minutes. Staff told us they didn't mind because the person had so much fun.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans in their care files. This detailed people's preferred method of communication.
- Staff were seen adapting communication to meet people's needs by talking slowly and clearly.

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 were supported to engage in activities of their choice. A staff member said, "It can be quite difficult sometimes to engage [name] in new activities, but with lots of encouragement by staff (person) can be motivated in this direction. The key is to try and make it exciting and something (person) would be comfortable engaging in."
- Throughout the inspection we observed people being engaged and stimulated in activities of their choice. The registered manager told us, "We encourage people with active support. One person is taking small steps to be involved in laundry, at this time the only thing they will do is take off their top. However, another person likes to do the vacuuming and will get involved in making food like buttering bread. We have to do this to each person's pace."
- The service supported people to attend activities to meet and interact with peers. Staff supported people to maintain relationships with their family. The service used a review tool to ensure activities were meaningful to people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people had access to an easy read version of it.
- There had been some informal issues raised, however there was no record to show the action taken or if there had been a resolution. The registered manager agreed to include all concerns as part of complaints monitoring to ensure record keeping evidenced all action that had been taken.

End of life care and support

- End of life care was not being provided at this service.

# 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 for this newly registered service. This key question has been rated 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.

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

- There were systems and processes in place to monitor the quality and safety of the service. Some audits had not been completed and some of the issues we identified during this inspection had not been picked up by the providers quality monitoring processes.
- The registered manager was fully engaged in the inspection and was keen for feedback and showed a commitment to improve the systems.

We recommend the quality monitoring systems are further strengthened and embedded into practice.

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

- People were supported by staff who knew them well. People received care and support which was kind and considerate. One relative said, "Staff are brilliant. I have no concerns about anything at all."
- The service had an open culture. The views of people, relatives, visitors and healthcare professionals were sought and acted upon.
- Staff said, "I feel supported in my role and can speak to managers with any concerns. I have and get well coached. I get frequent supervisions where I am able to bring up any issues and I get feedback about anything I can improve on. We work with the residents to achieve life skills to improve their independence skills."
- The goals planned with people and noted in their care plans were regularly reviewed with people to ensure positive outcomes were achieved.

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; Continuous learning and improving care

- Systems were in place to ensure when accidents happened there was learning and improvement.
- The registered manager was open and honest when things went wrong and was aware of their duty of candour.

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

- There were systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.

- One relative told us they were kept informed about their family member. One relative said, "They are all great, they get in touch with regular updates. Anything I ask for they do."

#### Working in partnership with others

- The registered manager could demonstrate they were working in partnership with others to meet people's needs.
- The provider was responsive when areas of improvement had been identified.