

Mr Guy Haddow

Lennox Lodge

Inspection report

37 The Highlands
Lennox Lodge
Bexhill On Sea
East Sussex
TN39 5HL

Date of inspection visit:
24 November 2016

Date of publication:
30 December 2016

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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

The inspection took place on the 24 November 2016 and was unannounced.

Lennox Lodge provides accommodation and personal care for up to 30 older people. On the day of our inspection there were 24 people living at the home.

There was a new manager at the home who was completing the process of registering with The Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said they were happy with the support staff provided. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People told us they had access to health professionals as soon as they were needed.

Relatives we spoke with said they felt included in planning the support their relative received and were always kept up to date with any concerns. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The manager had arrangements in place to ensure people were listened to and action could be taken if required.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people.

We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them. Staff respected people's rights to make their own decisions and choices about their care and support. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this.

Staff met people's care and support needs in the least restrictive way. When it was identified that people received care and support to keep them safe and well which may be restricting their liberty applications had been made to the local authority for authorisation purposes.

The manager promoted an inclusive approach to providing care for people living at the home. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The provider and manager had systems in place to monitor how the service was provided, to ensure people received quality care.

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

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people to make some decisions for themselves. People enjoyed their meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved in how their care was provided and staff took into account their personal preferences. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported. People benefitted from a robust system for investigating complaints and concerns.

Is the service well-led?

Good ●

The service is well-led

People were able to approach the manager and the provider at any time. People and their families benefited from a management team that regularly monitored the quality of care provided, and an open and inclusive culture.

Lennox Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 November 2016 and was unannounced. The inspection team consisted of 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.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. We asked the local authority and if they had any information to share with us about the services provided at the care home. The local authority are responsible for monitoring the quality and funding for people who use the service.

We spoke with nine people who lived at the home, and three relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the manager, deputy manager and eight staff. We also spoke with the provider a member of the district nurse team and a nurse who specialises in supporting people with diabetes who regularly supported people living at the home. We looked at three records about people's care including medication records. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which were completed.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "People [staff] look after us here so I feel very safe." Another person told us, "It is safe; the staff are very good here." We saw people were confident and relaxed throughout our inspection, we saw many positive conversations between staff and people living at the home.

Relatives we spoke with said they felt their family member was safe. One relative told us about staff, "They always make sure [family member] is safe, it's a big relief." Another relative said, "[Family member] is always safe and well cared for." A member of the district nurse team told us people were supported in a safe way, staff made appropriate referrals and acted on advice given by the district nurse team.

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the manager and take further action if needed. Staff were aware incidents of potential abuse or neglect should be reported to the local authority. The manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during a meeting at the start of their shift. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues contributed to the safe care of people living at the home. Staff told us immediate concerns would be discussed and they would take action straight away.

People we spoke with told us they had their needs assessed and risks identified. Staff were aware of these risks and the manager kept them under review. For example we saw one person needed specific equipment to prevent sore skin. Staff we spoke with were aware of this risk and ensured the person had the relevant piece of equipment. A member of the district nurse team told us staff responded quickly to ensure they had the appropriate equipment to reduce the risk of sore skin.

People told us there were sufficient staff on duty to meet people's needs. One person we spoke with said, "I like the staff, they are very good, I think there are enough of them." Another person told us, "The staff are all fantastic, they are brilliant, and I think there are enough of them, even at night." Relatives we spoke with said there were always staff about when they visited. One relative told us, "There are enough staff to support [family member] when they need it, they are very well cared for." We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We have time to speak with our residents, and we really know them well."

The manager told us staffing levels were determined by the level of support needed by people. This was assessed when people arrived at the home then monitored to ensure there was sufficient appropriately skilled staff to meet the needs of the people living at the home. Staff told us of occasions when additional staffing had been arranged, for example when people living at the home were unwell and needed extra

support.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. A new member of staff said they had not started work until these checks were completed. This information supported the manager to ensure suitable people were employed, so people using the service were not placed at risk through the provider's recruitment practices.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I always have my tablets when I should." Relatives told us they were confident their family members received the support they needed with their medicines. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff told us they were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage and disposal arrangements for medicines in place.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "Staff are knowledgeable." Relatives we spoke with said staff knew how to support their family member. One relative said, "They (staff) are well trained, they know what they are doing."

We saw people were supported by staff that had received regular training and knew how to assist people living at the home. The staff we spoke with were able to explain how their training increased their knowledge and improved their practice. For example, a member of staff told us how their training about supporting people to mobilise safely had refreshed their skills and ensured they supported people effectively. Staff told us their working practices were assessed to ensure they were competent to provide effective care. For example when staff administer medicines for people.

Staff said they were supported to achieve their job related qualifications and they valued this opportunity. Staff we spoke with told us their mandatory training was up to date, and they had the skills to effectively support people who lived at the home. They explained they had received training about the Mental Capacity Act 2005 (MCA) and had an understanding about how this related to people living at the home.

The 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.

We looked at how the MCA was being implemented. We spoke with the manager about their understanding of the act. She explained that she was in the process of updating her understanding and reviewing how capacity assessments and best interests meetings were recorded for people living at the home. We saw people's capacity had been assessed when needed. When a best interests decision was needed they had involved the relevant people who knew the person well. One relative we spoke with explained how they were involved in a best interests decision for their family member, they said they were clear about the process and felt it supported their family member.

People we spoke with said they were always asked for their consent before they were supported by staff. Staff explained they understood the importance of ensuring people agreed to the support they provided. One member of staff told us, "We always ask for consent before we do anything." We saw staff worked with people and supported them to make decisions for themselves about their choices to encourage their independence as much 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. The application procedures for this in care homes and hospitals are 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 were being met. Staff we spoke with understood the legal requirements for restricting people's freedom and

ensuring people had as few restrictions as possible. The manager had submitted applications to the local authority as they were needed. They understood the process and were aware of how to access any further support.

People said they had choice about the food they ate and that the food was good. One person said, "The food is very good, more than enough to eat." Another person said, "The food is brilliant, if I don't like it there is always an alternative, plenty to eat and regular visits from the chef." A further person told us, "Food is very good, plenty of choice, I am very satisfied, and plenty to drink." We saw when extra support was needed staff did this in a discreet way, promoting people's independence as much as possible. Staff knew who needed extra support. Relatives we spoke with said the food always looked very good. One relative said their family member always told them they enjoyed the food and had plenty of choice. Another relative told us, "The food is amazing."

We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they were required to meet them. We saw people's choices and preferences were recorded in people's care plans, and staff had detailed knowledge of these.

People told us they had access to their GP, and their dentist and optician when needed. One person said, "I always see my Doctor when I need to." Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "Staff are really good, they always keep me up to date." Staff we spoke with told us how important it was to monitor the health of each person. They said they involved the appropriate health professionals when they needed to. We saw staff supporting one person to visit the dentist to continue their treatment. The district nurse we spoke with told us staff would always call for support quickly if people needed it. They also explained they were confident staff followed their advice and took the appropriate action. The specialist diabetic nurse we spoke with told us staff supported people to attend appointments when they needed to.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said about staff, "They are very kind and caring, and I can choose where I go." Another person told us about staff, "They treat me in a kind way, and are not domineering." A further person said, "Staff are lovely, no complaints at all, I read a lot, the staff know exactly what I like, it is a lovely home." We heard many caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, "Wonderful staff, very patient and caring." Another relative told us about staff, "I can't fault them, they are magnificent." A further relative explained they thought the care was so good they would like to stay there when they were older. They told us they felt involved and included in the care for their family member and felt welcome to visit the home at any time. One relative explained they could always find a private place to sit with their family member. A further person said, "Staff are very caring, visitors are always welcome." People said this helped them to maintain important relationships.

People we spoke with said they had their cultural needs met. One person told us; "I am a Catholic and have Holy Communion." Another person said, "I could go to Church if I wanted to." Staff knew about the local advocacy services and would use this to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We noticed all staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff reassuring one person. They took time to listen to the person and understand their concerns. They then involved the provider who listened and arranged support for this person to assist with their concern. Throughout our inspection we saw staff had time to chat with people, and staff had a good knowledge of all the people living at the home.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us, "I can choose what I do." Another person said, "I can choose to stay in my room or go downstairs." We saw staff support people to have as much choice and control over their lives as possible. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

People we spoke with were positive about how staff supported them which took into account their individual needs and preferences. We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, we saw some people were supported to eat their meals in their rooms because they preferred to be in their own private space.

People we spoke with said staff supported them in ways which helped to maintain their privacy and dignity. One person told us, "When you go to the toilet, they say I'll leave you for five minutes." Another person said, "They [staff] close the door when I need privacy." We saw staff knock on the doors to people's rooms before

entering and were discreet when supporting people with their personal care needs. Staff said maintaining people's dignity was very important to them. One member of staff told us how important the thought it was to cover people whilst they were supporting them with their personal care. They explained how vulnerable they would feel if they had no clothes on, therefore the member of staff felt this was really important when maintaining people's dignity. One relative said about staff, "I have always seen how well they speak to people living here, always so respectful to every-one."

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "Absolutely, the staff listen to you. I have a bath once a week which is a good opportunity to talk to my keyworker." Relatives we spoke with told us staff listened to their family member and supported them with their choices and preferences. They said they were included in their family members care. One relative explained how staff took time to 'nurture' their family member which had helped the transition into living at the home. We saw examples where support was provided in line with people's preferences. For example, we saw one person preferred to eat their meals in their room and during this inspection we saw this was respected.

People's individual needs had been assessed, by staff, before they moved into the home to help ensure people's support; preferences and expectations were able to be met. We saw people's care records were regularly reviewed by staff to make sure information about people's individual care and support needs were accurately described. This helped to ensure people were not at risk from receiving care which was not responsive to their needs. There was an established staff group who had known many people living at the home for a number of years and knew people's individual ways well.

People we spoke with told us they were supported with a keyworker system. This system linked a specific member of staff with people and their families, to ensure that support was reviewed effectively. People we spoke with were aware of this system and knew who their keyworker was. One member of staff said this was a good system to increase their knowledge and relationship with the person, and support them more effectively.

One person told us, "Enjoy sitting outside smoking my E-cigarette." They went on to say, the provider supported them with buying the materials they needed. They said how much they enjoyed smoking in a safe way and how this helped with their well-being. Another person we spoke with explained how staff had supported them spend time on their bed to help with a specific medical condition. They went on to say how much they had improved because of this. The member of the district nurse team explained how this person had not been comfortable with the equipment they had arranged to support this. They told us staff had negotiated with the district nurse to ensure a more comfortable, but still effective piece of equipment was available for this person.

We saw people chose how they spent their day. People told us there were interesting things to do if they wanted to. One person said about how they spent their time, "Dancing, singing, music, always something going on." Another person told us, "I enjoy the activities, musicians, quizzes, exercise and pet therapy." A further person told us, "I like my own company so may not do activities; my [relative] takes me out." We saw organised activities during our inspection, which some people chose to be involved in. For example we saw a singer entertain people with the support of the staff on duty. We saw the management team were involved and people said they had enjoyed the experience.

Relatives told us their family members had interesting things to do. One relative said, "They have a nice out door space, [family member] really enjoys being there and helping out in the garden."

People told us there were meetings with the manager to discuss any improvements that could be made. For example at the last meeting in September there had been a suggestion for more cushions. We saw these had been bought and were now in the communal areas for people to benefit from.

The manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw all the comments from visitors were positive. The feedback supported the manager to monitor the quality of the care provided. She had used comments from relatives, who asked to be included in communications about the home, to drive the meetings with families during the refurbishment.

People said they would speak to staff, manager or the provider about any concerns. One person said, "I would go to [provider] or my Keyworker, I have never had to complain, not at all." Another person told us, "I am happy living here yes, no complaints."

Relatives told us they were happy to raise any concerns with either the manager or staff. One relative said, "If I have had any concerns I have always discussed and sorted straight away." We saw there were complaints procedures available for people and their relatives. We saw complaints were investigated and actioned in a timely way. One member of staff we spoke with said if there were any changes needed to be in place because of a complaint they would be actioned straight away.

Is the service well-led?

Our findings

At the time of this inspection visit there was no registered manager in post. The registered manager had deregistered with us in June 2016. A new manager was in post and completing the registration process. The provider has also recruited a deputy manager to ensure there was a clear management structure at the home.

People we spoke with knew the manager and we saw people enjoyed talking to her. One person said, "The manager is lovely, a smashing woman; I would go to her if I had a complaint, she is a nice lady, sometimes we have meetings, and they keep us in touch. I have no concerns, none at all, it is my home."

Relatives told us they were confident with the management team and staff at the home. One relative said, "The manager is lovely, very approachable." The member of the district nurse team said they had experienced a clear ethos of staff focussing on people's individual needs and wishes.

The manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had defined roles and responsibilities and worked as part of a team. The manager told us how important it was to her that this was the people's home and staff and the management team worked around what people wanted instead of the other way round. For example, improvements that were being considered were discussed with the people who lived at the home and they were involved with the decisions.

Staff told us the manager was approachable and listened to them. One member of staff explained how the manager had listened to staff feedback about needing additional staff. She had increased staffing levels straight away, people and staff could feel the benefit of this. Another member of staff said the manager and the deputy manager would work alongside them to support people at the home. The staff member told us this made discussing any concerns about a person living at the home much easier because the manager had first-hand knowledge. The manager told us she had worked different shifts at the home, including a night shift, this had given her a good knowledge of people living at the home and an understanding of any pressures staff may have been facing. She used these experiences to review service provision and drive up the standards of quality care. For example, the manager told us how she had reviewed how staff reported accidents and incidents and improved the ease of capturing the relevant information to ensure the process was effective and achievable for staff.

Staff said the manager and the deputy manager were always available when they needed to speak with them. The manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. All the staff we spoke with said they felt well supported.

Staff told us there were staff meetings which had kept them involved with improvement ideas, process improvements, and staff practice. This ensured that all staff received the information they needed and were

given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the manager. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the manager, and the management team. One member of staff we spoke with said, "We all work as a team."

The manager and the management team completed regular audits to monitor how care was provided. For example the manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. We saw the manager had involved health professionals to review the health needs for one person who had regular falls. They had discussed with the family and staff and taken appropriate action to improve this person's well-being.

The provider regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at the overall health and safety of the home. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and were subject to on-going monitoring.