Care UK Community Partnerships Ltd

Lennox House

Inspection report

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Ratings

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

Overall summary

Lennox House is part of the Care UK Community Partnership Company. It provides residential care and nursing care for up to 87 older men and women at purpose built accommodation in a residential area of North London. The home is divided over four floors. On the ground floor

intermediate care (this is short term care for people who usually live in their own home) is provided for a maximum of twelve people. Residential care for people using the service who do not require nursing care is provided on the first floor. Nursing care is provided on the other two floors.

This inspection took place on 28 July and 10 August 2015 and was unannounced. At our previous inspection in August 2014 the service was meeting the regulations we looked at.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

Summary of findings

The staff of the service had access to the organisational policy and procedure for protection of people from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located. The members of staff we spoke with said that they had training about protecting people from abuse, which we verified on training records and staff were able to describe the action they would take if a concern arose.

We saw that risks assessments concerning falls, healthcare conditions and risks associated with skin care and the prevention of pressure sores were detailed, and were regularly reviewed. The instructions for staff were clear and described what action staff should take to reduce these risks.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home each week, but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met effectively and we saw that staff supported people to make and attend medical appointments, for example at hospital.

It was clear that significant efforts were made to engage and stimulate people with activities, including people who remained in their rooms. Two full time activities co-ordinators were employed and we were informed this team would soon be joined by a third. We saw a range of activities on offer, not only within the home but also trips out to parks and places of interest. A trip to Buckingham Palace was planned and people who mentioned this to us were looking forward to the visit. One to one time was also provided for people who were unable to leave their room to join in group activities.

Everyone we spoke with who used the service, and relatives, praised staff for their caring attitudes. The care plans we looked at showed that considerable emphasis was given to how staff could ascertain each person's wishes including people suffering with dementia and to maximise opportunities for people to make choices that they were able to make. We saw that staff were approachable and friendly towards people and based their interactions on each person as an individual, taking the time needed to find out how people were feeling and what they could do to help.

Staff views about the way the service operated were respected as was evident from conversations that we had with staff and that we observed. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views at handover meetings, staff team meetings and during supervision meetings.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and regularly sought people's feedback on how well the service operated.

At this inspection there was one breach of regulation relating to regulation 18, which was in relation to staff appraisals not have been carried out in over a year. Please refer to the "Effective" section of this report for details. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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's personal safety and any risks associated with their care and treatment were identified and reviewed.

The service had effective systems in place to ensure that recruitment of staff was safe. This included required background checks, employment history and reference verification as well as checking that staff were qualified and registered to practice when employed as a nurse.

Staff demonstrated their knowledge about how to respond to all potential risks, both for each person individually and the service facilities and day to day activities in general.

Is the service effective?

Requires improvement

The service was usually effective. Staff received regular training and supervision but staff appraisals required action.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support.

People were provided with a healthy and balanced diet which took account of their own preferences and allowed for choice.

Healthcare needs were responded to properly and quickly with changes to each person's health being identified and acted upon.

Is the service caring?

Good

The service was caring. The feedback we received from people using the service, relatives and a visitor showed that there was an overwhelming view that the staff team were caring and considerate.

Throughout our inspection, staff were observed talking with people in calm and friendly tones, treating them as unique individuals and demonstrating a compassionate nature.

Staff demonstrated a good knowledge of people's characters and personalities, and conversations were about far more than just care tasks.

Is the service responsive?

Good

The service was responsive. We found that people were actively engaged in making decisions about their care and this included the involvement of relatives where people needed this to happen.

Complaints and concerns were listened to and acted upon. The views that were shared with us by people using the service and relatives demonstrated that they had confidence in approaching the manager and other staff whenever they needed to.

Summary of findings

Is the service well-led?

Good 

The service was well led. There was confidence in how the home was managed.

The provider had a system for monitoring the quality of care. Surveys were carried out centrally by the service provider, the most recent in December 2014 showed that a high level of satisfaction was experienced across the vast majority of people who used or had dealings with the service.

Lennox House

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 was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 28 July and 10 August 2015. The inspection team comprised of two inspectors and an expert by experience that had specialist knowledge of caring for a relative who suffered from dementia and used care services.

Before the inspection we looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams as well as the local specialist NHS trust nursing team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During our inspection we also spoke with seven people using the service, two relatives, and the visiting friend of someone using the service, nine members of staff, the registered manager and the area manager for the provider.

As part of this inspection we reviewed eight people's care plans. We looked at the medicines management, staff induction, training, appraisal and supervision records a selection of the staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Good

Is the service safe?

Our findings

People who we spoke with using the service told us, "I feel safe and well looked after. They are lovely people."

A relative told us, "my main priority is that [their relative] is safe as when living on their own, was always wandering off and sometimes the police were called. I know they are safe here." Another relative said, "my relative looks well and is well-dressed. I am pleased with what I see."

At lunch we observed a member of staff follow someone out of the dining room when they stood up before they had finished their meal. They asked the person where they were going and persuaded them to return to finish their meal. The member of staff showed that they were mindful of the person's safety and did not want them to be at risk and sought assistance from another member of staff to ensure that they continued assisting other people whilst they responded to the person's needs.

The service had access to the organisational policy and procedure for protection of people from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and it was this authority which mostly placed people at the service. The members of staff we spoke with said that they had training about protecting people from abuse and the staff we spoke with were able to describe the action they would take if a concern arose. The manager was also clear about the prcedures staff should follow and reports that had been made to the commission adhered to the required procedures.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training when they started to work at the service, which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening. Our review of staff training records confirmed that staff training did occur and there was a good knowledge of what protecting people means and how staff played an important part in keeping people safe. We found that where concerns had previously arisen that these were responded to properly.

We looked at the recruitment records for five staff who had started working at the home in the previous three months prior to our inspection. We found that staff were recruited safely with background checks, employment history, references and qualifications all having been verified. Staff who were employed as nurses also had their registration with the Nursing and Midwifery Council verified. Our review of the staff roster and deployment of staff around the home found there were enough staff on duty to give people individual attention and reassurance.

Where people were identified as at risk of pressure sores we saw that detailed and clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream. People would be at risk of developing pressure ulcers if this was not done correctly. This showed that staff had good instructions about how to minimise the risk of pressure ulcers and carried out the routine checks required.

We saw that other risk assessments, including falls and risks associated with nutrition and healthcare needs, for example diabetes, were recorded. The instructions for staff about the action required to minimise risks were detailed and clear.

We saw that people were supported with their medicines and these were stored safely. On the first day of our inspection visit we observed medicines being administered after lunch on one of the four floors. The nurse talked with people about their medicines and they had been given information about what their medicines were for. We looked at the medicines administration record charts (MAR) for people we observed receiving their medicines and saw that the nurse who had provided these had fully completed the charts. One person had refused their medicine and this was noted, the nurse telling us that they would ask them again a little later. The nurse told us that people who refused medicines regularly would be referred for assessment to ensure that they were not coming to any medical harm and this person was clear that people had the right to refuse medicines if they chose to. Records showed people's need for support to manage their medicines was assessed and reviewed as their needs changed.

We found that staff were trained in supporting people with their medicines and there were guidelines in place for staff to ensure that people received these appropriately. Records showed staff had followed this guidance and the service also had their medicines management audited by

Good

Is the service safe?

the provider. Nurses administered medicines on two of the floors which provided nursing care. Trained senior care workers administered these on the residential care floor, unless there was the need for controlled medicines, for example morphine, which were only permitted to be administered by qualified nursing staff.

During our visit we checked the communal areas of the service which were all clean and well maintained. There were detailed infection control procedures and a senior nurse took lead responsibility for ensuring that guidance and training for staff was kept current and up to date.

We spoke with a member of the full time maintenance team who showed us records of health and safety checks of the building. Appropriate certificates and records were in place for gas, electrical and fire safety systems. We saw that hoists and slings used to support people with transfers were regularly checked and these checks were up to date to support people's safety. The provider had emergency contingency plans for the service to implement should the need arise.

Requires improvement

Is the service effective?

Our findings

We looked at records which showed that staff received regular training, and supervision. Staff attended regular training which included health and safety, infection control, safeguarding, dementia care, moving and handling and fire safety. The provider had systems in place to ensure that staff training was kept current and up to date. Where staff were about to, or had exceeded, the necessary timescale for refresher training this was flagged up on the provider's training database and action was taken to ensure that staff attended the required courses. We found that this system worked well.

The six staff we spoke with told us they had effective training, which included more specialised training about caring for people with dementia. They also told us they received supervision every two months. When we looked at the frequency of staff supervision records for the whole staff team we found this was usually happening consistently for all staff. The staff we spoke with found this time helpful and supportive of them in their work and had a good understanding of the aim of supervision.

In discussion with the registered manager and area manager for the provider it was accepted that the staff appraisal system was not effective or up to date. We looked at the list of appriasals for all staff at the service and found that none had been carried out for over a year. The registered manager informed us that these were due to commence in September 2015 but also accepted that the system required improvement. During our inspection we found that day to day staff support and training were effective it is, however, important that staff have their performance and professional development appraised.

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Evidence of the home obtaining people's signed consent to their care and treatment was available. We found that when care plans were changed these were printed to obtain updated signed consent from people themselves or a relative if necessary.

Senior staff understood their responsibilities under the Mental Capacity Act 2005. Senior staff were also aware of the Deprivation of Liberty Safeguards. The staff we spoke with were able to tell us what this meant in terms of their day to day care and support for people.

The care plan records we looked at had the correct forms in place recording decisions about resuscitation choices. Where Deprivation of Liberty Safeguards (DoLS) decisions had been made the computer records indicated where a DoLS authorisation had been obtained to restrict a person's liberty or where this had been applied for.

One person living at the home told us, "I like the way they respond to my needs. I don't eat meat. I need a different diet and they go out of their way to find me that." Another said, "the food is very nice. They look after us very nicely", whilst a third said "the food's not bad, quite tasty. There is plenty for me. In fact sometimes there's too much."

In one dining room at lunchtime, we observed a member of staff bringing two main choice dishes to people and inviting them to choose. This seemed to be an effective and sensitive way to ensure that people had food they really wanted, rather than something they had chosen from a menu earlier in the day. The members of staff on duty were gentle and considerate, making sure people had what they wanted.

In another dining room, we saw two people being assisted to eat their meal, each with individual staff attention. The staff providing the assistance were talking with them quietly and respectfully by name. The atmosphere in the dining rooms was calm, people were not rushed and were allowed to enjoy their meal at their own pace.

We found that nutritionist advice was available from the local health care services when required and the service had sought this advice when the home's procedures identified that it was needed.

There were menus on display in the dining rooms and in the corridors on each floor which accurately reflected the meals on offer on the day. We noted that if people wanted quite different choices to the main menu choice this was catered for, on one floor in particular there were six people who always chose other meals and this was catered for.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home twice each week, but would also attend if

Requires improvement

Is the service effective?

needed outside of these times. Staff told us they felt that healthcare needs were met effectively and we saw that staff supported people to make and attend medical appointments, for example at hospital.

We saw that people's conditions were reviewed each month. For example this included a dependency score, and risks of pressure ulcers, weight, BMI (Body mass index), and mental health. This helped the service to monitor people's health and wellbeing in order to quickly respond to any health concerns that emerged.

Good

Is the service caring?

Our findings

The interactions we observed between staff and people living at the home were sensitive and caring. For example, one person was clearly unhappy about being in a care home and wanted to return to their own home. One of the activities co-ordinators asked this person if they would like to sing along with their favourite song and then asked what else they would like. The person talked openly about their concerns and the member of staff showed that they knew the person well, listened attentively and made suggestions.

We observed a member of staff holding hands with someone in the lift and talking with them. Another person was having their nails painted and was laughing and singing with the member of staff who was doing the manicure. Someone who had just returned from an appointment was bought a cup of tea by the member of staff who had been out with them and was told "(I bought you this) because you missed it when you were out."

One person told us, "the staff are nice. They are all very friendly". Another said, "I don't see much of them [the staff, which we discovered meant they did not ask staff for much help]. Some are better than others, they are very helpful and call you by name. If I want anything, I call and I get it. I don't have many worries."

A relative said, "I feel (my relative) is well cared for. Anything they want and ask for, they get. If there is anything you need, they will get it for you. The reception staff are really nice. The nurses are very knowledgeable. I wanted to ask a question about [my relative's] medicine, which they changed. I rang up and they gave me an answer straight away. They can't help you enough."

During our someone who was visiting came and found us and was keen to tell us of their experience of Lennox House. They told us of three particular events. "I was standing in the corridor and carers didn't know I was there. A male carer offered them an extra activity. They didn't put it on for me, which I thought was nice. On another occasion I was gardening, the carer brought my friend out into the garden knowing I was there, I found this impressive." They also told us, "they always loved walking and they do get them to try to walk. Today we were out and [my friend] pulled away from me, I wondered why then I realised they had seen one of the carers from the home, they hugged."

We spoke with members of the care staff team about how they sought the views and wishes of people who used the service. All of the staff we spoke with described the people they cared for in a respectful and considerate manner. They described how they made a point of asking people about their preferences, which we saw them doing, and explained what they were doing when carrying out care tasks.

We looked at care files which showed that considerable emphasis was given to how staff could ascertain each person's wishes despite their dementia in many cases and to maximise opportunities for people to make decisions that they were able to make. For example, we saw information in two people's care files from relatives informing staff about how to support these people to maintain their relationship.

Throughout our inspection, we observed staff talking with people in calm and friendly tones. They demonstrated a good knowledge of characters and personalities and conversations were about far more than just care tasks.

Good

Is the service responsive?

Our findings

We did not hear of any complaints from people we spoke with. A relative said, "If I had any concerns I would talk to a member of staff."

A person living at the home told us, "people come when I need them." Another said: "I call them in the night when I can't turn over and they come quickly. I know they check every hour because I see them. They try their best but sometimes there are not enough people here. I need two people to get me out of bed in the morning and sometimes I have to wait for the second person." And "if somebody has to go out with somebody to an appointment, there are not always enough people around. Overall, I am okay. They try to make us happy."

We asked the registered manager about these views and were told that it was occasionally the case if someone needed to spend more time assisting another person but this was not an overall concerning issue which we found for the home in general.

We asked how staff can ensure personalised care and were told, "it's important to get to know people as individuals for example if they want male carers only we add to the care plan. We have to personalise care plans." And "care plans are reviewed if there are any changes but also reviewed monthly."

One of the activities co-ordinators told us that she reads the newspaper to those who are interested, in the lounge every morning, and this is followed by discussion, which we saw. Some people also had their own preferred newspaper delivered. There was a daily exercise session which we also observed in one of the lounges. The activity co-ordinator involved in this tried to involve all those in the room, with some success. This included a person who could not move from their chair. The co-ordinator said she also goes round to people in their rooms to ensure water is within their reach and the television is on their preferred station. She said the garden was widely used in the summer, but as we visited on quite overcast days we saw only one person using the garden. There were a number of occasional and regular outings including picnics in the local park and a fortnightly visit to a dementia café. Nine people were going to Buckingham Palace the day after our visit.

One person told us, "I like the activities here. Sometimes everybody goes to the park. If I lived on my own, I wouldn't get out at all." A relative told us, "we viewed about 50 homes before we found one we liked. This is the third one (our relative) has been in and I think it's fantastic, the best place I've been to. In the other place, people just sat there. Here, they do things."

People's individual care plans included information about cultural and religious heritage, daily activities, communication and guidance about how personal care should be provided. Care plans described people as individuals over and above common aspects of their health and social care needs.

We looked at the complaints that the home had received since our previous inspection in August 2014 and found that a total of thirteen had been made. These were all recorded and had been resolved quickly with no other formal investigation required. The provider had a clear complaints and comments system, which was reviewed by the provider's organisational complaints team.

Good

Is the service well-led?

Our findings

When we asked what people thought of the manager of the home we were told by someone using the service that "I see her every day. If I have a problem, I can ask her." A relative said, "I have seen her a couple of times." Others told us that they would not feel hesitant about approaching the manager or other staff to discuss what they wished to.

We also asked staff about the leadership and management of the home and were told, "We work as a team here," and specifically about the manager that "her door is always open," and "the manager is very supportive and approachable."

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they felt comfortable to approach the manager and other senior staff. Several of the staff we spoke with had worked at the home for a number of years.

We found that there was usually clear communication between the staff team and the managers of the service. Staff views about how the service operated were respected as was evident from conversations that we had with staff and that we observed. Staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the most recent five staff team meetings, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. The home was required to submit regular monitoring reports to the provider about the day to day operation of the service. Surveys were carried out centrally by the service provider, this being led by a specific quality assurance team. Surveys were carried out quarterly and issued to samples of people using the service and relatives which then lead to an overall rating and satisfaction response for the service as a whole each year. The most recent took place in December 2014. We viewed this and found that usually a very high degree of satisfaction was experienced by people using the service and their relatives. Action required, for example on choice of activities, had already been taken and this showed that people's views were considered and responded to.

The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We found that the service developed plans to address the matters raised and took action to implement changes and improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff appraisals were not occurring which meant that staff performance and development was not being effectively reviewed.