

# Care UK Community Partnerships Ltd

## Lennox House

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Lennox House is registered to provide personal care and accommodation for up to 87 people. At the time of this inspection there were 61 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. The ground floor was not currently occupied. Residential care for people using the service who did not require nursing care was provided on the first floor. Nursing care was provided on the other two floors.

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

People were not always protected from potential harm. Risk assessments had not always identified potential risks or included sufficient guidance for staff about how to minimise the potential risk to people. Additionally, the service did not have an effective system to manage accidents and incidents to reduce the risk of them reoccurring. Importantly, performance data was not properly analysed in order to understand and interpret its significance.

The service did not have enough suitably qualified staff to meet people's needs. As a result, there was an overreliance on agency staffing. This negatively impacted on quality of care. It meant increased weakening of teams in different units because agency staff did not know people well. Therefore, although there was a variety of essential training available for staff, including an induction, there was a reduction of skills within teams because of the ever presence of agency staff. The pressure on permanent staff was further intensified by limited support from management. Staff did not have access to regular appraisals and supervision.

There was limited evidence of person-centred care. This was related to the absence of effective teamwork and collaboration within the service as well as with members of the multidisciplinary team. Communication between the service and the members of the multi-disciplinary team was not structured and consistent. We judged the onus was on the service to establish effective collaboration to promote effective coordination and delivery of person-centred care.

Quality assurance systems had not been used effectively to identify concerns, errors and omissions we identified during the inspection. The culture at the service did not effectively support high quality sustainable care. The service had continued to be inconsistently managed. The managers could not demonstrate they had the capacity and skills to deliver high quality sustainable care.

We observed kind and caring interactions between people and staff. People and their relatives responded well to staff. They told us staff were caring. However, people and their relatives reported standards dropped when agency staff were on shift. We judged the concerns we found at this inspection did not demonstrate a caring approach. The high turnover of staff and high use of agency staff meant they may not have had enough time to get to know people and offer them compassionate support.

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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

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

The last rating for this service was requires improvement (published 11 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had deteriorated to Inadequate.

#### Why we inspected

The inspection was prompted in part by notifications of concerns received about the care people using the service received. The Care Quality Commission were also aware that the Local Authority had on-going concerns about the service. A decision was made for us to inspect and examine those risks and we found significant improvements were required.

We have found evidence that the provider needs to make improvements. Please see the Safe, Well-led, Responsive, Effective and Caring sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to staffing, safe care and treatment and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# 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, one assistant 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 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. However, following this inspection, the registered manager applied to cancel their registration with the CQC.

#### Notice of inspection

This inspection was unannounced and took place on 07 and 14 January 2020.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service 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 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 13 people using the service, and six relatives. We also spoke with 12 members of staff including, the registered manager, regional director, operations support manager, quality 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 13 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. We also received further feedback for healthcare professionals.

# 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 Good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were at risk of harm because they did not always receive the care and support, they needed. We identified from care plans one person was at risk of low blood glucose (hypoglycaemia) and high blood glucose (hyperglycaemia). However, the service had not completed specific risk assessments to achieve and maintain acceptable glucose levels and minimize the risk of hypoglycaemia and hyperglycaemia. Their care plan comprised a one-page synopsis of diabetes care. This was not enough to set standards and provide guidance to support high quality and safe care for the individual.
- The same person's daily care records frequently omitted entries to confirm whether blood sugar levels had been tested. The lack of recording could have impacted on the monitoring of the individual's healthcare needs and may have delayed appropriate action to be taken in a medical emergency. Additionally, the individual had experienced episodes of hypo and hyper, where appropriate action had not been taken. Therefore, we could not be assured the person was receiving safe care and treatment. The risks from hypoglycaemia and hyperglycaemia had not been properly assessed and action taken to mitigate such risks.
- Similarly, we identified from 'pressure ulcer risk assessments' two people were at high risk of developing pressure ulcers. Their care plans instructed staff to support with repositioning every two hours. However, their repositioning charts showed they were being inconsistently supported to reposition. No such charts had been completed on several days. Therefore, we could not be assured the respective individuals were being repositioned as frequently as directed, thus placing them at greater risk of pressure ulcer development.
- Equally, the service did not have a consistent method of treating wounds. A care plan of one person stated they had a pressure ulcer. However, as part of the assessment, there were no clinical notes relating to the physical characteristics of the wound, including its size or body location. There was no picture or photograph in place. The National Institute for Health and Clinical Excellence (NICE) recommends a validated measurement technique such as photograph so that progress or deterioration can be recorded. Therefore, the wound of the individual was at risk of delayed healing because the service did not have a visual reference for monitoring healing or deterioration.
- The service employed a maintenance person to ensure the property and equipment were safe for use. However, following this inspection, the service notified us that on 14 February 2020 an Exterior Cladding Fire Safety Report, had identified the combustible cladding at the home as 'unacceptable from a fire safety point of view' and recommended 'immediate remedial actions'. The service advised us this was being addressed and was work in progress.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).



### Staffing and recruitment

- The skill mix, and deployment of staff undermined their ability to take the actions required to minimise risks.
- The service did not have enough suitably qualified staff to meet people's needs. Between January to December 2019, 53 staff had left the organisation. This comprised 24 care assistants, 16 nurses and other administrative roles. Although the service had recruited 62 staff within the same period, we found from weekly rotas the service still relied heavily on agency staff. Agency staff were not only used to cover short-term demands, but also to fill regular and scheduled demand.
- The high use of agency staff and staff turnover negatively impacted on quality of care. For this had led to a breakdown of continuity of care. A healthcare professional told us, "There is no continuity and therefore any treatment plans are not followed through as there is a lot of agency staff, who do not know people that well." We spoke with other healthcare professionals who shared this view.
- People, relatives and staff were concerned the situation regarding staffing was impacting on the quality of care being provided and putting people at risk. One person told us, "The nurses stay three months and then they go. You never know what's happening." Another person said, "The agency staff don't know what they are doing. The staff who knew me well are gone."

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

### Learning lessons when things go wrong

- The service did not have an effective system to manage accidents and incidents to reduce the risk of them reoccurring. We identified from incident reports and performance data the information collected was not up to date, accurate, properly analysed and reviewed by staff with the appropriate skills and competence to understand and interpret its significance.
- We analysed falls incidents and hospital attendance data gathered between May and October 2019. This showed the data had not been subjected to rigorous level of analysis required. For example, the service could not compare falls over time to ascertain if care was improving because their data did not contain measures for falls and falls-related injury rates and falls prevention practices. An analysis of hospital attendance fell short in exploring reasons for attendance, whether these were avoidable, or if people could have been managed in an alternative service and if so what lessons to derive.
- We were concerned that despite the negative impact of high turnover and low retention, there were no coherent strategies for retaining staff. For example, the service did not conduct exit interviews, regular supervisions, effective coaching and feedback. These avenues would have allowed management to explore why staff were leaving the organisation. By understanding the reasons behind staff turnover, the service could have devised recruitment and retention initiatives that reduced turnover and assisted staff retention.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

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

- The service had safeguarding policy and procedures and staff were aware of this. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and CQC when needed.

### Using medicines safely

- People received their medicines as prescribed. All prescribed medicines were available at the service and were stored securely in locked medicines trolleys. This assured us that medicines were available at the point

of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner.

- Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities completed by two members of staff.
- We saw evidence of several recent audits carried out by the health authority pharmacist and the service.

#### Preventing and controlling infection

- The communal areas of the home were all clean and well maintained. There was an infection control policy and measures were in place for infection prevention and control. Staff had completed training in infection control. They wore personal protective equipment (PPE) such as gloves and aprons.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we found the supervision and appraisal process was not supportive of staff. Whilst areas of poor performance were always identified, plans for improving performance were not always established. Staff told us they did not feel supported by the managers. We recommended that the provider seek advice regarding appropriate approaches to supervision and appraisal. At this inspection we found not enough improvement had been made and the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- The service did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs.
- Although there was a variety of essential training available including an induction, to ensure staff maintained their skills and knowledge, there was a dilution of skills within teams because of the ever presence of agency staff, new staff and constant movement of staff between units. This was notable in two main areas.
- Firstly, the over-reliance on agency staffing, meant increased weakening of teams in different units because agency staff did not know people well. Therefore, this reduced the amount of attention an individual staff member could give to people as they also needed to constantly explain procedures to agency staff. A staff member told us, "We are stretched, apart from people, we have to support agency staff as well."
- Secondly, due to staff shortages, different units found it difficult to maintain appropriate skills mix because staff were constantly moved between units to fill staff shortages in other units. This had an effect of disrupting any previous planning undertaken in the unit staff were taken from or moving to. A staff member told us, "It is confusing. You never know where you may end up working."
- Staff did not have access to regular appraisals, one to ones, coaching and mentoring and supervision. A supervision tracker showed a significant number of staff had not received supervision since July 2019.
- The majority of staff we spoke with felt unsupported by their managers. One staff told us, "You share concerns with the managers, but they do not come back to you."

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

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

- Most care records set out people's needs and addressed their risks. However, care had not been

consistently delivered in line with standards and guidance. There were a few notable examples.

- While achieving and maintaining the optimal blood glucose level was one of the main aims of care for people with diabetes, guidance had not always been followed.
- A guidance for staff to monitor fluid intake and output for a person living with a urinary catheter was inconsistently followed. Even though intake was recorded, output was not. This meant the care for the person was not being adequately monitored, should there have been a deficiency in the expected volumes of urine output. The monitoring charts did not therefore support the service to monitor and mitigate all relevant risks relating to the safety and welfare of the person.
- The care plan of one person stated they posed risk to others. However, the care plan did not specify the presentation of the risk nor did it provide staff with sufficient guidance, in line with published best practice, such as the National Institute for Clinical Excellence's "Violence " to manage the risk as presented by the person.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There were records to demonstrate appropriate staff, including members of the multidisciplinary team (MDT) were involved in assessing, planning and delivering care and treatment. However, based on feedback we received from healthcare professionals and records we reviewed, it was clear communication between the service and the MDT was not structured and consistent.
- We observed several MDT meetings attended by a range of health and social care professionals. These provided a good basis for identifying how people's needs could be met. However, feedback from professionals showed agreed actions were not always addressed. For example, an MDT meeting on 4 October 2019 proposed some changes that could be implemented to improve information sharing and therefore enhance multi-disciplinary working, but these changes had not been implemented at the time of this inspection.
- The use of multiple agency staff and high staff turnover meant that most staff were not familiar with people's needs. From further discussions with professionals, it was evident the service had not considered the impact of multiple agency staff on communication.
- The system for recording visits from healthcare professionals was not aligned to any specific process that enabled people's records to be updated efficiently. For example, a care plan of one person did not reflect the most recent review from a visiting healthcare professional. Therefore, there was a risk that people's care was not reflective of their current needs.

We recommend the provider seeks advice and guidance on best practice for working with external professionals and organisations to ensure effective collaborative working and better healthcare for people.

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

- A significant number of people were living with dementia. However, they did not have care plans outlining what the condition meant to them and how it affected them.
- The environment was not adapted to help people living with dementia to continue living independently. There were no items of familiarity to support people to understand their environment. For example, there were no dementia friendly bathrooms, including contrasting handrails, toilet seats, or door frames to assist with orientation.

We recommend that the service seek advice and guidance from a reputable source regarding creating dementia friendly environments.

#### 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.

- People's care records detailed their mental capacity, and other information important in their care and support.
- We saw evidence where mental capacity assessments and best interest decision forms had been completed for specific decisions.
- Relevant procedures had been followed in relation to DoLS. There were eleven people who were subject to a DoLS authorisation for their safety. Conditions on authorisations to deprive people of their liberty were being met.

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

- There were arrangements to ensure people's nutritional needs were met. Their care plans considered their individual requirements in relation to nutrition and these were known to staff.
- We observed lunch time. Meals were well presented, with people provided with an appropriate mix of supervision and assistance as required.
- People were offered choices. One person told us, "Meals are wonderful, different every day. If there's food, which I don't like, there's an alternative."
- Where people had specialised diets by choice or dietary needs, these were catered for. The chef had a special diet book designed to hold key information, including people's dietary preferences.
- We looked at people's record of their food and drink intake and noted that they occasionally ate cultural foods of their choice including, chicken korma and rice, cajun spiced plantain, rice and peas, garam masala rice and stir-fried vegetables.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Some people and their relatives responded well to staff. They told us staff were caring. A relative told us, "Staff try to persuade [my relative] to come out of her room to join people to have a conversation. [My relative] has been a lot more talkative. If she's cold they bring a blanket. They have a laugh and a joke. They smile."
- However, people and their relatives reported standards dropped when agency staff were on shift. One person told us, "Staff are good. If you ask for anything they help as best as they can. However, the agency staff do not know what they are doing. Most staff I knew are gone. At least I can look after myself." Another person said, "I am vegetarian. I just eat the vegetables. I leave the meat. They forget sometimes (that I am vegetarian) if there is a new member of staff." A relative said, "Staff are competent. It is different with agency staff." A second relative told us, "All the staff on this unit are regular and they do a really good job. [My relative] had a few [accidents] in the other unit. Since my relative moved to this floor, there hasn't been any [accidents]."
- Even though the feedback relating to regular staff was positive, the concerns we found at this inspection did not demonstrate a caring approach. The high turnover of staff and high use of agency staff meant they may not have had enough time to get to know people and offer them compassionate support.
- On the other hand, we observed some caring and sensitive interactions between staff and people. We saw staff re-orientating people with dementia in a kind and patient way. During lunch, we observed staff being courteous, smiling and encouraging people to eat their meals while speaking reassuringly with them. Staff spent some time sitting and chatting with people, listening to what people had to say. We observed staff bent down to people's level when they were having a conversation.
- The service had a policy on ensuring equality and valuing diversity. The registered manager told us personal needs and preferences of all people were respected regardless of their background.
- People's care records covered their religion and culture. For example, a person was supported with their religious observances. Likewise, as noted, the service ensured people who had meal requirements related to their culture had these met.

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

- People were supported to make decisions and express their wishes and views. This was covered in care plans and we observed staff supporting and encouraging people to make decisions and have choice and control over their support. A relative told us, "Staff always ask for my relative's permission before undertaking care."

- We observed the chef in the kitchen preparing two sample dishes on a tray 'for show' so that staff could show to people to choose. We saw staff in the dining room showing the tray to people, one by one so they could choose one of the two dishes. Subsequently, staff proceeded to serve the chosen dish and served it to people one at a time.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We found staff were helpful, considerate and kind. Staff were aware of the importance of ensuring that people's privacy was protected. They informed us that they would knock on doors before entering bedrooms and drew curtains if necessary, which we observed during this inspection. People were able to stay in their rooms if they preferred privacy.
- Staff told us they promoted people's independence by supporting them to manage as many aspects of their care as they could. During lunch, several people ate their meals at their own pace without being rushed.
- Privacy was upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant services were not planned or delivered in ways that met people's needs.

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

- Care plans were in place which discussed people's needs and preferences. However, they varied in the quality of personalisation. Whereas some care plans were detailed, some had information missing on how to support people's specific needs.
- People's records were not always updated. For example, a doctor's diary showed the medicines for one person had been changed in the last month, but their care plan had not been updated. There were similar examples. Therefore, there was a risk people's care was not reflective of their current needs.
- Although people's care plans contained information about their hobbies and interests, in addition to pictures and posters of activities, we saw less evidence of people being involved in activities during this inspection. We observed people sitting in the same position for long periods of time without any engagement.
- We received mixed feedback from people and their relatives. One person told us, "If there is anything social, I take part. If they go out, I go, maybe to a cinema or something. I am not stuck here all the time. I have complete independence." A relative told us, "My relative told me they do quite a few activities. I have seen painting, plasticine, poetry and exercise." Another relative said, "They used to do more activities."

### 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 were provided with information in the most accessible format, including, pictures and large print. Where necessary, families or advocates were consulted. This ensured people with limited capacity understood options available to them.

### Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people and their relatives were aware of. People told us they were aware they could speak with staff or the registered manager if they had any concerns.
- Relatives commented that when they made suggestions, these had been received and responded to positively.



- Staff did not find all the management team approachable. Some staff members told us they were scared to approach some of the managers if they had any concerns.

#### End of life care and support

- There was an end of life policy in place. Staff were up to date with end of life training. This showed the service was working well to ensure end of life care and support for people kept them safe and met their preferences. The service discussed end of life arrangements with people and their representatives.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection in September 2018, we found the provider did not have an effective process to develop leadership capacity and skills, including succession planning. We recommended that the provider seek advice in relation to developing an appropriate and sustainable leadership development strategy. At this inspection we found sufficient improvement had not been made and the provider was now in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- The culture at the service did not effectively support high quality sustainable care. The service had continued to be inconsistently managed. We found the high turnover of management to be associated with several negative consequences, including lack of consistent leadership and continuity of care. Importantly, the lack of stability and continuity impacted negatively on quality of care.
- Staff and healthcare professionals reported negative impact on the quality of care as a result of management turnover. A healthcare professional commented, "It is evident that there has been many changes in management and there has been breakdown in communication. Due to the many changes I would not be clear who is responsible for what."
- The culture at the service did not promote person-centred care. The frequent changes of managers combined with high turnover among staff created fragmented relationships amongst staff and an organisational culture that did not inspire teamwork. Relationships among staff and with managers were short-lived, which meant there was not enough time to develop mutual relationships. Consequently, person-centred care was not well developed because of absence of teamwork and collaboration, which are essential components for personalisation of care.
- Our review of the care plans of people with complex needs including diabetes, dementia, and those whose needs required constant monitoring identified they were not receiving person centred care.
- Commenting on workplace relationships, a staff member said, "You don't get to know colleagues well as they are all leaving, and we are constantly moved from one unit to another. [On this shift] I am the only permanent staff with three agency staff who do not know people very well. This increases pressure on us."
- Although the management team were open to feedback and had notified us of notifiable events, it was not clear they had a good grasp of changes that were required to make improvements. A healthcare professional commented, "I believe that individual care staff are striving to deliver high quality care, but they

are not being supported by the wider Care UK structure to be able to do this. The MDT works well and is working hard to support the home in every which way possible, but I do not feel that the more senior staff in Care UK organisation recognise the issues at Lennox House and therefore efforts to bring about change are being focused on the wrong areas."

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

- The managers could not demonstrate they had the capacity and skills to deliver high quality sustainable care.
- One major consequence of management and staff turnover was the loss of skills and knowledge, when individual staff members left. There was no effective succession strategy, which meant new staff did not have enough time to coordinate with their predecessors for background knowledge. Some staff cited the departure of a deputy manager in August 2019 as having worsened the situation at the service. The deputy had worked at the service for several years.
- Feedback from some healthcare professionals showed managers and staff were not clear about their roles. A healthcare professional told us, "The service is not well led. The management do not know continuing healthcare processes. We are constantly having to explain this to them more than we do to other nursing homes in Islington." Other professionals also commented on the lack of knowledge in relation to new appointees and agency staff.
- Staff demonstrated they were not clear about their roles and reporting structures. We asked staff who their line managers were. One staff told us, "The last time I checked it was [this member of staff]. This was before the changes. She now works downstairs, so I don't know." Another staff said, "As far as I am aware, it was [the registered manager], but now I think it is [new manager]." A third member of staff said, "I am not sure if they have one specific manager. It used to be this [nurse] but they moved her to second floor. I don't think there is a team leader here." A fourth member of staff said, "It is not clear. I hear the registered manager has stepped down. I have an issue, but I don't know who to speak to."
- The service was unable to demonstrate any clear systems to learn and make improvements when things went wrong. There was a system for recording and acting on significant events. However, there was limited evidence of learning and dissemination of information.
- The service did not have effective quality monitoring systems. For example, we found shortfalls in the care of people with complex conditions. Although the service had undertaken audits, these matters had not been identified. Therefore, we could not be assured care plans and risk assessments of people had been monitored to ensure people were receiving a high-quality care.

Working in partnership with others

- The service worked with a range of health and social care professionals. However, there were factors at the service such as leadership and high use of agency that was having a negative impact in delivering desired outcomes for people.
- One professional told us, "My job relies in getting as much information about people's needs and I have struggled more to get information from agency staff." Another healthcare professional said, "There is an ongoing difficulty in recruiting and retaining regular staff, leading to multiple new staff and high use of agency staff."
- We found the service did not have effective processes in place to communicate, analyse and make best use of consultation feedback from members of the MDT.

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

- Staff did not feel involved and empowered. Whilst there were attempts by the service to engage them,

including undertaking surveys, meetings and various forms of recognition schemes, these were viewed by staff as tokenistic. A staff member told us, "The leadership is not hands-on. We want them to be there when we need them. There is no point giving feedback because this is never taken seriously."

- Furthermore, the service did not have a strategy for delivering good quality sustainable care. Staff did not know the organisation's vision and strategy and their role in achieving them. The working document of the service was an improvement plan, which although had a purpose, was reactive and consequently did not communicate a clear vision to staff, so that they were empowered with knowledge of their contribution to the organisation's vision.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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
Treatment of disease, disorder or injury	The provider did not have sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of service users.