Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lennox Lodge

37 The Highlands, Lennox Lodge, Bexhill On Sea, TN39 5HL

Tel: 01424215408

Date of Inspection: 12 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Guy Haddow
Registered Manager	Mrs Antoinette Kent
Overview of the service	Lennox Lodge is a residential home in Bexhill. It provides accommodation and personal care for up to 27 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 12 May 2014, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

One inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. We spoke with four people who lived at the home, three relatives who were visiting, and four members of staff. We also spoke with a GP and the hairdresser.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found

Is the service safe?
We found that the environment was safe, clean and hygienic. The home was bright and airy and the corridors were uncluttered and well lit. Medicines and cleaning equipment were all kept in locked cupboards. We looked at a number of care plans and found that they contained the relevant information about lifestyle, medical history and assessments of risk. Accidents and incidents were reported and appropriate action was recommended to improve safety.

There were sufficient appropriately trained staff on duty and we witnessed a helpful handover between their shifts.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?
The home had systems in place to assess and manage risks and to provide safe and effective care. The staff were appropriately trained and training was refreshed and updated regularly. Staff could also take the opportunities provided to study for additional

qualifications and to develop their understanding of caring for people with conditions such as dementia and Parkinson's disease. We also found evidence of staff seeking advice, where appropriate, from the GP or social services.

Is the service caring?
People told us that "the home is very friendly and everyone wants to help". One relative we spoke with said "it is homely and not at all clinical". We spoke with relatives who said they were able to visit at any time and they were "made to feel very welcome". We saw that the staff were kind and sensitive and took time with people over lunch and when they were moving about within the home. We observed high levels of respect and people were treated with consideration and dignity.

We spoke with two people who were living in the home and both were positive about the care they received. One said 'the carers are excellent, all of them are lovely; I can't fault them."

Is the service responsive?
People's needs were assessed before they moved into the home and detailed care plans and risk assessments were maintained and reviewed regularly. We saw that the staff monitored weight, nutrition and hydration and handover sessions were helpful and informative. Call bells were answered according to the home's procedure and people had access to a programme of activities.

They were able to choose dishes from the menu and the chefs were happy to provide for special diets and additional options as requested. People living in the home also engaged with the manager and staff at regular meetings where they could express their views about all aspects of life at the home. They told us that their feedback was acted upon by the manager.

Is the service well-led?
People told us they were asked for their feedback on the service and their feedback was heard and changes were made as a result. One person had asked for a particular cake with the afternoon tea and that had been provided. We saw copies of the questionnaires completed by the people living in the home, their relatives and other healthcare professionals. We saw that incidents and accidents were reported and appropriate action was taken to prevent a repetition. The manager conducted a series of internal audits and took action promptly to resolve any issues.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. There were 24 people living in the home and we spoke with four people and three of their relatives. Everyone we spoke with was positive about their care and treatment in the home. One relative said "She took a week or two to settle in and then, when she asked, the staff changed her room to a smaller one and she was immediately much happier".

Another relative said that her mother was deaf and the staff worked hard to communicate with her and made sure she was involved. She said "Mum has taken on a new lease of life since she has been living here".

One person who lived in the home said that "You can do as much or as little as you like". The manager confirmed that a few people preferred to eat their meals in their rooms and did not get involved in many of the activities. The manager said that people were informed of their choices and encouraged to make their own decisions. We saw a list of the activities pinned to the notice board in the entrance hall and we saw staff taking lunch up to people in their rooms on trays. Some people we spoke with enjoyed the 'old time' music sessions and others joined in with the 'motivation' sessions. We found that people who lived at the home were able to exercise choice and make decisions about how to spend their time.

The four care plans we looked at all had a section entitled 'service user's choice of lifestyle'. This had detailed information about when the person would like to get up and go to bed, their preferred meal times and how they liked to spend their day. We saw that there was information about whether the person liked reading, enjoyed television and wanted to be included in special outings.

One person enjoyed gardening and another said "I like to sit quietly in the conservatory

with the newspaper". We saw that the care plans identified areas where people could be encouraged to exercise their own independence and autonomy and deal with their own personal care. For example, one person wanted to reduce their smoking and was being supported with an e-cigarette.

People's diversity, values and human rights were respected. The manager informed us that several people who lived in the home had religious beliefs and they were supported to attend a service or see the priest who visited the home. We spoke with the hairdresser who visited regularly and she said the staff encouraged people to make their own decisions and "supported them to get ready if they wanted to have their hair done". We saw that the staff respected people's privacy and did not go into any of the bedrooms without knocking and being invited in.

We saw that people were invited to attend a 'residents' meeting' to give their views on the running of the home. We saw the notes of the most recent meeting where ten people had attended. They had made requests for particular cakes which the manager said had now been provided.

There was also a questionnaire called 'Your Opinion Counts' and this was circulated each quarter. We found that people and their relatives used these questionnaires to raise issues and suggest changes and we saw that those changes were accommodated wherever possible. The manager said that they followed up with people on an individual basis. For example, one person who lived at the home said "I will need more help putting my stockings on next winter" and "sometimes I would like to wear my dressing gown in the daytime".

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment delivered in line with their individual care plan. We looked at four care plans in detail and saw that they all included an information sheet with important details about the individual, including their next of kin, medical history, medication records, any allergies and the name of their GP. There was information about care and treatment including an assessment for night time care, weight charts, skin condition and any arrangements for end-of-life care. In one care plan we saw that staff were advised to promote the persons independence with personal care by prompting them to clean their teeth and brush their hair in the morning and night.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that there were detailed risk assessments for the use of mobility aids and to reduce the likelihood of falls. There were diary notes and records of appointments with other healthcare professionals including the district nurse, chiropodist and incontinence nurse. We spoke to a relative who said "she feels so much safer here than she did when she was living on her own. She came in for respite and now does not want to go home. She had become nervous living on her own".

People's care and treatment reflected relevant research and guidance. We saw that the provider had information from the National Council for Palliative Care and had received training from St Michael's Hospice on end-of life-care. They also had accessed information and guidance on diabetes, pressure ulcers and dementia. They had taken advice from the Speech and Language Therapists on the correct food and drinks for a person with Parkinson's Disease who was having difficulty swallowing.

We sat in and observed the 'handover' from the morning to the afternoon staff. Each member of staff gave a brief account of the people they had been supporting that morning. They mentioned any particular concerns such as low mood, loss of appetite, new bruises or a change of behaviour and gave a progress report on any conditions they were treating. We spoke to staff later and they said "I find the handover really quick and very helpful".

One member of staff said that the home did not operate with traditional key worker arrangements but rotated on a weekly basis. This member of staff said "This means all the

staff know all the residents and it is also a good additional safeguard against any abuse". We talked about abuse and the member of staff confirmed that they had training and would know how to recognise and report abuse. The staff we spoke with said that they had never seen any abuse happening in the home. Staff arrived ten minutes before their shift was due to begin to take part in the handover. One member of staff said "The late handover can be rushed because the night time staff are not always on time".

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a fire safety procedure on the notice board in the entrance hall. We asked the manager about the arrangements for evacuation in the event of a crisis and the manager said that they had a mutual arrangement with a local nursing home.

We did not see any bed rails in use but the manager said that, if they were to be to be used to reduce the risk of falling from the bed, it would be after consultation with the GP and with the person's consent.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We saw the menus for the next four weeks on the notice board in the entrance hall and saw that people had a choice of dishes. For lunch there was a choice of three starters, two main courses and three or four puddings. In addition, the manager told us that the chef often cooked additional dishes on request.

People were supported to be able to drink sufficient amounts to meet their needs. We saw people eating lunch in the dining room and some were offered assistance by staff who joined them at the tables. A member of staff told us "We have time to assist without rushing".

The chef catered for special diets for people who needed soft food or a diabetic diet. There was also a person who lived in the home who had a very limited diet because of an advanced medical condition. The atmosphere in the dining room was very relaxed and the people chatted and took their time over their meal. One person who lived in the home said "Lunch is a social occasion here and the atmosphere is convivial".

We spoke with a person who said 'The food is excellent; I don't know when I have enjoyed my meals so much". The manager said that they took pride in the food and it was that was "home made from scratch; nothing is frozen and the chef makes his own stock". Drinks were served throughout the day and we saw that home-made cakes were served mid-afternoon and they were very popular. We saw that the most recent food safety report was awarded at level five which was the top level.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. A member of staff showed us the 'training matrix' that listed all the training required, the dates planned and the dates on which it had been delivered. This matrix was a new development and was still being completed, the manager said it would give all the information required 'at a glance'. The information was also in the training file and this demonstrated that training was up-to-date in all the mandatory training areas including: manual handling, safeguarding, fire safety and training in the mental capacity act. The dates of the next training sessions were pinned on the wall in the office and were for first aid, medication and fire safety.

Staff were able, from time to time, to obtain further qualifications. We were informed that some members of staff were studying for National Vocational Qualifications. We were also informed that some people had chosen to take further training in subjects such as end-of-life care and dealing with dementia.

The registered manager was currently on sick leave and a senior member of staff was 'acting' in the manager's role. This was providing new development opportunities as other staff assumed additional responsibilities. One member of staff said "I have been learning more about ordering the medication and now I have a better understanding of what the medications are for".

The provider had worked continuously to maintain and improve high standards of care. One member of staff told us that they had been away from the home and had returned to find that there was now a dedicated cleaner at the home. This meant that and the health care staff did not have to do cleaning as well as their other duties. The member of staff welcomed this change because, they said, "it gives us more time to spend with residents, which is why we are here".

We found that staff supervision sessions took place every three months, with staff being asked to raise questions and undertake their own assessment at alternate sessions. Appraisals took place annually and were up-to-date.

Staff meetings took place regularly and we saw the notes from the latest meeting.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service and their representatives were asked their views about their care and treatment. We saw the questionnaires that had been completed by the people who lived in the home and their relatives. The questions covered all aspects of life in the home including personal interests, communication, food and drink and comfort and safety. We saw some of the written comments which included "this is a very nice home with very caring staff" and "I prefer my own company and would rather not join in the activities" and "I feel very lucky and happy being here".

There were also questionnaires for other healthcare professionals who visited the home and theses comments were positive as well. One of the professional colleagues wrote "seems to be a lovely home, the residents are often in good spirits". We spoke with a GP who was visiting the home and she said that she had no concerns about the home.

The provider took account of complaints and comments to improve the service. We looked at the complaints book and saw that no complaints had been received. We spoke with one relative who said they had commented on a "grubby looking floor in my Mum's bathroom and the next time I came the lino had been replaced".

The manager said that any individual comments were dealt with on a one-to-one basis and all suggestions were considered and accommodated if possible. The manager said that she visited all the people living in the home in their rooms at least once a month.

We saw that the manager conducted a series of internal audits each quarter covering a range of issues at the home including medication, hygiene and safety. The audit included an action plan of issues that were identified and then resolved. The manager said that she had fallen a little behind with these audits but was planning to conduct one shortly

The manager showed us the accidents and incidents book and we saw that there were a number of incidents, mainly falls, recorded each month. There was a description of the incident, the action taken and any recommendations to avoid a repetition. The manager

said that they looked for any patterns, took advice from healthcare professionals and made adjustments to the care plan if more support was required. Some of the people who lived in the home where being encouraged to use the call bell if they needed to get up in the night and were at risk of falling.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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