

***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

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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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 30 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There were 25 people living at the home on the day of our inspection.

We spoke with ten people and seven staff. One person told us, "The staff are really very good, very supportive."

We found that people were shown respect and dignity. There was a range of activities for people to engage with.

We looked at three care plans and saw that they reflected the care that was provided to people. The home had systems in place to ensure people's individual needs were met.

We found the found to be clean and tidy. One person told us, "My room is cleaned regularly."

The home had effective staff recruitment systems in place.

The home had an effective complaints system. People we spoke to were aware of how to make a complaint.

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 was respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with people about their daily routines. One person told us, "I can get involved in things as much or as little as I like."

Within the care plans we looked at we saw that people had been asked about their preferred routines. This included information on when people chose to get up and go to bed. Their preferences regarding clothing choices and food likes and dislikes. We saw that people had been asked if they had a preference about the gender of staff that provided them personal care. One person told us, "I am always helped by someone I am comfortable with."

There was evidence within the care plans that people's consent had been sought and signatures were evident. This meant people had been involved in the design of the care plans.

We saw that staff routinely knocked on people's doors before entering. We saw that staff had positive interactions with people. One person told us, "The staff really are top class, very helpful."

We saw that activities within the home were provided by care staff or external providers. There was an activities timetable in the main reception and people we spoke with were aware of the range of activities that were available. On the day of our inspection we saw that care staff ran a quiz in the home's main lounge. One person told us, "I enjoy the activities, I like the motivation session."

People had access to the home's gardens. We saw that the home had employed a part time member of staff to assist people with gardening tasks. This meant that people had been provided with support to promote their independence.

We saw that the home's dining menu was varied and was on a four week cycle. People

were offered a choice of drinks and people had drinks available in their rooms.

We observed a person being assisted to eat their lunch time meal in the dining room. The provider may find it useful to note that the staff member was seen not to be using best practice when assisting. They were stood by the person's side which made it difficult for them to make eye contact and pace their assistance appropriately. This meant the person was not provided with dignity. We raised this issue with the manager who told us this is not how staff had been trained and would address this with the staff member.

The provider may find it useful to note that we saw bedding in one person's room that had dirty marks. Their care plan stated that the bedding had last been changed five days ago yet the bed had been re-made that morning without changing the bedding. This meant that their dignity had not been protected. We raised this with senior staff who arranged for the bedding to be changed and told us that the staff member who had been responsible for this room would be spoken to about this issue.

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

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

We looked at four care plans and the associated daily records. There was evidence within the care plans that people's individual health and physical needs were assessed regularly and identified care needs had been recorded. Body weights had been monitored along with other risk assessments which included moving and handling, risk of falls, pressure area risks and nutritional assessments. There was evidence that the care records were reviewed and updated regularly. People who had been identified as at risk from pressure damage had appropriate equipment in place to maintain their skin integrity.

We visited five people in their rooms. We saw that within people's rooms there was a summary document of their care plan. This contained information on people's personal preferences. This was to support staff to recall specific detail on the people they were caring for. The home's manager told us that this document was helpful if the need to use agency staff arose. This meant the home had a system in place to ensure people individual needs were met.

We saw that they had access to call bells in their rooms. They were seen to be answered in a timely manner. One person told us, "Staff have told me to use my bell if I need something, someone always comes along."

Staff approached people using the service appropriately and demonstrated a positive relationship and a good understanding of peoples' individual needs.

Records showed that health care professionals had been contacted and liaised with regularly to ensure appropriate health support had been made available to people. On the day of our inspection we saw that senior staff had arranged for a chiropodist to visit a new person, who staff had identified had issues with their feet.

We observed staff liaising by phone with local authority social services department. This related to a person who had been recently admitted to the home. The person was showing

signs of distress. The home had arranged for a case review of their needs by social services. This meant that the home had been proactive to ensure people's individual needs were met.

The provider may find it useful to note that we saw one person walk through the home's laundry room. They were returning from using an outside space. Within the laundry there was an adjoining room where cleaning products were stored. This was seen to be accessible to people. We raised this issue with senior staff. We were told that this was not a route that people usually used and the room was normally locked. At a later point during our inspection we saw that the small room containing the cleaning products had been locked. Senior staff told us that this would be discussed at the upcoming staff meeting.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We looked at all parts of the home and found it to be clean and tidy. There were no unpleasant odours detected.

The home had a clear infection control policy. The home had additional policies available which related to the infection control of diarrhoea and vomiting. We saw records that evidenced the majority of staff had undergone infection control training. Staff we spoke to demonstrated a good understanding of how to minimise infection control risks within their role.

There was a domestic staff member employed to undertake cleaning duties in communal areas. Care staff were responsible for daily cleaning within people's rooms. One person told us, "My room is cleaned regularly." The home had systems in place to ensure all areas of the home were cleaned regularly. Senior staff had recently completed a cleaning audit. We saw that this had identified areas that required improvement. For example, additional cleaning to wheelchairs. We were told by senior staff that they were currently reviewing their cleaning systems due to identifying some shortfalls in the quality of cleaning within the home.

We saw that gloves and aprons were available to all staff and we saw staff using them appropriately. All hand soap dispensers we looked at were working and there were supplies of hand gel available around the home.

The laundry room contained industrial type washing and drying machines. We saw that there were systems in place to keep residents clothing together. One resident told us that "My laundry also comes back nice and quickly". All residents we saw looked well groomed.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at three staff files and found there were effective recruitment and selection processes in place.

Within the files we looked at we saw copies of documentation that confirmed the identity of staff. For example, a copy of a driving licence and marriage certificate.

We saw that criminal record checks had been undertaken prior to employment. Files contained curriculum vitae, and we saw that two previous employment references had been sought. This meant the home had made checks on the character, skills and experience of the employee.

Files we saw contained documentation which related to staff supervision and training. We saw that the majority of staff had completed a qualification in health and social care.

We saw that the home had systems in place to manage staff whose performance had fallen below the homes required expectations. This meant the home had taken steps when a staff member had been considered no longer fit to undertake their role.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The home had a complaints policy. The policy had set out clearly its purpose. It had clear timescales identified.

A copy of the policy was displayed in the home's reception. The document was displayed in the home so that people, their relatives or any visiting professionals were aware of the procedure for reporting concerns. The manager told us that they would attempt to resolve complaints informally where possible. This was in line with the policy.

We were shown the home's complaints file, this was held securely in the home's administration office. The home had no current complaints under investigation. However, we saw evidence that historic complaints had been resolved to the satisfaction of the complainant in a timely manner. The file contained a 'complaints tracking form' which ensured the home's actions were recorded.

We spoke with two people regarding raising a complaint and they told us they would speak to the manager or the owner if they had any concerns.

The manager held regular informal resident meetings in the home's lounge. One person told us, "The manager comes and sits with us and asks us how we feel about things."

We saw that the home undertook satisfaction surveys with residents, family and visitors and local health professionals. The results of which were seen to be positive.

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.

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