

Lennox House Care Home Service

22 Lennox Row
Edinburgh
EH5 3JW

Telephone: 0131 552 5774

Type of inspection:

Unannounced

Completed on:

26 March 2019

Service provided by:

Viewpoint Housing Association Ltd

Service provider number:

SP2003002464

Service no:

CS2003010646

About the service

The service registered with the care inspectorate on the 11 April 2011

Lennox House is managed by Viewpoint Housing Association Ltd and is situated in a quiet residential area of Edinburgh which enables people who live at this service the option to access the local community.

Accommodation is provided in single bedrooms that are decorated and furnished with residents' own belongings. All rooms have en-suite facilities which have a walk in shower and wet room facility. Bathing facilities are also available but not en-suite.

Sitting rooms are available on the ground and first floor, with separate dining, kitchen and laundry facilities on the ground floor. The upper floor can be accessed by stairs or a lift.

There are private, enclosed gardens to the front, side and rear of the building which are fully accessible for wheelchair users or people who have mobility issues. The garden is well maintained and provides an area where you can sit either on your own or with friends and relatives and enjoy the sun.

The vision and values of the service include "Life needn't be complicated. We're here simply to help people enjoy their later years. Everything we do is about realising this vision and in order to achieve this we have an equally straightforward set of values. Values which define us" some of the values are detailed below;

"Inspire with positive smiles and words"

"Say 'yes I can and I will"

"Stay courageous, creative and ahead of the game"

"Work with those that share our values"

What people told us

Prior to our inspection we sent out questionnaires to people and their relatives. From the respondents comments we concluded that overall residents and their families were happy with the quality of care and support the service provided.

Other comments included;

"I feel the service my relative gets is very good"

"I enjoy spending time with the staff, especially getting my hair washed and styled"

"My room meets my everyday needs, and I like having my own shower facilities"

"I feel listened to and reassured my relative is here at Lennox House"

"Food good, staff very pleasant and attentive"

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

There were very good interactions from a staff team that demonstrated the principles of the Health and Social Care Standards. People experienced care and support which demonstrated dignity and respect. We could see positive relationships between the staff and the people they support.

We observed interactions between staff and people who were unable to verbalise their views. This showed us interactions that were empowering and enabling with an inclusive approach which recognised people as individuals. This ensured that people experiencing care received a very good quality of care that was right for each person.

There was good attendance at both the residents and relatives meetings. Residents meetings were organised monthly. Relatives meetings are held quarterly. In these meetings people took part in discussions about what was happening in the home in regards to future developments and staffing. Suggestions and discussion were also had around current and future activities or trips. This ensured that people felt included and that peoples thoughts and choices were sought and supported.

The service has been involved in the Echo project in collaboration with NHS Lothian to improve anticipatory care. This project has improved care within the home by enabling people with complex needs and the staff who support them to "think ahead". This ensures that the people's views will always be sought and choices respected including when a person has reduced capacity to fully make their own decisions.

People could choose to be involved in a very good programme of activities. Some people had dementia and others more physical issues. We could see from the programme of activities that there was a varied choice. People's individual needs were taken into consideration when planning the programme. Activities that people

could choose from included entertainers, quizzes, trips out to local cafes "The Wednesday wander" and the craft café every Friday. There was also a programme of intergenerational work with the local primary school where the Tovertafel (Magic table) provided a great opportunity for conversation and interaction.

The nursing and staff team had a very good overview and knowledge of peoples health needs. Staff we spoke with could tell us about what support each person needed and how this was being supported. This ensured confidence with residents and their families/carers that the staff team could respond quickly to any changing health needs.

People had a comprehensive medicine management system. There was very good information to highlight allergies and sensitivities. There was clear plans for people who needed medication which was not prescribed on a regular basis. However we did find some gaps in this and we discussed this with the depute manager. She reassured us that this would be looked at following our visit and we will follow this up at the next inspection. This ensures that people were supported and cared for sensitively by people who could anticipate any issues and know how to manage this.

Meal times were relaxed and unhurried. We observed three meal times and people could choose from a variety of well-presented healthy meals and snacks. For those that needed help to eat and drink this was again supported in a dignified manner which supported people's dietary needs, beliefs and preferences. We did speak to one person who was a little unhappy with the choices of meals of which we discussed with the depute. The choices and menu planning is scheduled to be reviewed by the people who live at Lennox house in the imminent future.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

At the time of inspection the service was in a transitional period of moving from a paper care planning system to an electronic one. The new system person centred software (PCS) enables the staff team to be even more person specific when composing care plans for people in their care.

Care plans contained very good assessments where people's choices and preferences were well documented. Staff were able to be led by what was written within the care plan to meet people's health and social care

needs. Individual choices were recorded and from our observations we could see that staff were aware of people's needs and did their utmost to meet those needs with kindness and care.

Care plans were being reviewed and changes made when people's needs changed. However it is difficult to ensure that this is being completed robustly during this period of change. The service was developing a new audit tool to ensure that during this change that they maintained a high standard of record keeping. This ensured that people's needs as agreed in their personal plan are fully met and that their wishes and choices are respected.

The new electronic system PCS will enable both carers and nurses to contribute to the care planning process. All staff will be able to share their first-hand experience of supporting people. Having full staff involvement in care plans enhances the opportunities for those less able to lead and direct their own care. This will ensure that their preferences and choices are respected at all times. This also keeps the care plan live and current ensuring that the needs of each person are supported. We will look to see how this develops over the coming year and follow this up at the next inspection.

Residents friends, carers and other professionals took part in regular care reviews. This meant that the relevant people were kept up to date about people's wellbeing and could be involved in their care. This supported people to feel confident that the service had an enabling attitude and that people got the most out of life.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should review the management of the usage and recording of prescribed topical preparations to make sure that residents are given the correct creams and that there is sufficient guidance for staff to apply these correctly.

This area for improvement was made on 20 September 2017.

Action taken since then

Topical medications are now documented in the services new electronic care planning system. This has improved the documentation however we did find some gaps and this will be looked at again once the new electronic system has been embedded.

There was sufficient evidence to confirm that the service is now meeting this recommendation.

Previous area for improvement 2

Daily intakes remain unclear and are not signed or dated to ensure residents are maintaining good fluid levels that require this. This recommendation was repeated from the previous inspection.

This area for improvement was made on 20 September 2017.

Action taken since then

Fluid balances were being monitored now through the electronic care planning system. There are still a few issues in the system in some of the recording of these but we observed opportunities for residents to have different drinks through out the day. We could see this has improved but we will follow this up again at the next inspection once the electronic system has been embedded.

There was sufficient evidence to confirm that the service is now meeting this recommendation.

Previous area for improvement 3

We would advise the service to develop formal and recorded competency assessments/observations of care and nursing staff as part of their induction, probation and on-going training and development programme.

This area for improvement was made on 20 September 2017.

Action taken since then

The service has introduced a direct observation of care practice/discussions with care staff/other. This documented observed practice and reflective discussion on peoples practice. This could be developed further and the service is working towards this and we will follow this up at the next inspection.

There was sufficient evidence to confirm that the service is now meeting this recommendation.

Previous area for improvement 4

Clothing had been written on by pen which over time had become faded and difficult to identify who the garment belonged to. Some garments were clearly labelled with sewn on labels but the majority were hand written on with pen. This should be reviewed and audited to ensure people get the correct clothing that belongs to them.

This area for improvement was made on 20 September 2017.

Action taken since then

We saw that this had been improved upon since the last inspection. Clothing was labelled much clearer. The introduction of a housekeeper will also support further development in regards to ensuring that all people have the appropriate clothing that belongs to them and regular audit completed to ensure this continues.

There was sufficient evidence to confirm that the service is now meeting this recommendation.

Previous area for improvement 5

We would recommend more frequent meetings and better record keeping of these meetings to enable the opportunity to reflect on previous topics of discussion which will allow others that were unable to attend the meeting gain the information needed.

This area for improvement was made on 20 September 2017.

Action taken since then

We saw that the service have greatly improved on their management of meetings and how they are documented. Staff meetings were displayed in the nurses station to ensure that staff that were unable to attend could see what was discussed.

There was sufficient evidence to confirm that the service is now meeting this recommendation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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