

# Lennel House Care Home Service

Lennel Road  
Coldstream  
TD12 4EX

Telephone: 01890 882 812

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
27 February 2025

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Service no:**  
CS2003043939

## About the service

Lennel House provides care and accommodation for up to a maximum of 38 older people. The service is owned and managed by St Philips Care Limited.

Lennel House is on the outskirts of Coldstream. It is a converted 18th century house over two floors with a variety of communal sitting and dining rooms. There are extensive garden areas for the residents to use.

The building is divided into two units, Tweed and Cheviot.

At the time of inspection there were 30 people living at Lennel House.

## About the inspection

This was a short notice (announced) inspection which took place on 18 and 20 February 2025. Our visit was then followed with time examining evidence remotely.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service, relatives, friends and staff at our visit
- considered feedback from MS Forms questionnaires returned by supported people, staff and health and social care professionals
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- a new manager had recently been appointed. Staff felt supported and confident with the change.
- staff worked hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs.
- Care and support plans held detailed, personal information and guidance to support the person well.
- there were missed opportunities and a lack of daily meaningful engagement to ensure people's mental health and wellbeing was being stimulated.
- we made a requirement to ensure the management team have the skills and knowledge required to ensure they are competent and confident in their managerial roles.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, whilst strengths had a positive impact, key areas need to improve.

Throughout our visit, it was clear staff knew people well and had good relationships with those living at Lennel House. Staff showed dignity, respect and kindness. These warm relationships were echoed by relatives. One family member told us: *'(our relative) is a valued member of the community at Lennel House. The family are very grateful for the kindness, consideration and affection shown by all the staff.'*

There was good oversight of people's daily health and wellbeing with records kept to monitor weights; nutritional support and skin integrity. Regular engagement with other health services benefitted people's health. These included working with general practitioners (GP's); district nurses and social work amongst other clinical specialists. This multi-agency approach helped people keep well and ensured their health needs were being met.

People were supported well with medication, however, there were some issues with a new electronic system and we have reported on this under key question 2, management and leadership.

Mealtimes were well organised. People had opportunities to sit with others to enjoy their meal at their own pace. Staff encouraged and enabled people to eat their meals independently, offering support where needed. Choices of meals and hydration was promoted well.

Staff interactions with people experiencing care were warm, encouraging and observant of people's needs. Where people required use of equipment this was managed safely, and people who were more mobile were supported to maintain their independence.

There were missed opportunities and a lack of daily meaningful engagement to ensure people's mental health and wellbeing was being stimulated.

The home had no activity coordinator in post and staff were providing this support. However, staffing levels meant this was not achievable at times throughout the day.

We discussed this with the manager to ensure additional support staff would be available whilst recruitment was ongoing.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, whilst strengths had a positive impact, key areas need to improve.

A new manager had recently been appointed. In their short time at Lennel, they had good knowledge of people receiving support and were proactive in communicating with other professionals to ensure the best support was provided.

Staff commented they felt supported and were confident with the recent changes.

The manager had a good understanding of the providers various quality assurance audits and had identified areas where they wanted to make improvements for people living at Lennel House.

Notifications of any incidents or accidents were reported to relevant people timeously. This ensured multi disciplinary teams had oversight of people's wellbeing. A previous area for improvement made in relation to notifications had been met.

A new electronic medication administering system which linked with the prescribing pharmacy was in place. This system provided safety measures to minimise any risks of medication errors. However, this must be supported by appropriate medication training alongside good recording and oversight from management.

We made a new area for improvement (AFI 1) as we found gaps within the reports produced.

The management team worked well together and although they had good oversight, we were concerned the training qualifications required for their roles had not yet commenced.

Leadership development we had asked for at a previous inspection had fallen through and nothing had been sought since. We made a new requirement to ensure the provider puts this development in place and people can be confident they are being supported by a skilled and confident management team. (Requirement 1)

## Requirements

1.  
By 31 May 2025, the provider must ensure the management team have the skills and knowledge required to ensure they are competent and confident in their managerial roles. To do this, the provider must, at a minimum:

- ensure access to qualifications, required for registration of their posts, are available and have commenced.
- provide learning and development to enhance their leadership skills.

This is to comply with Regulation 3 and 4 (1)(a) and 7(c) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Areas for improvement

1.  
To ensure medication is managed in a manner which protects the health and wellbeing of service users and, to ensure there is good oversight to enable learning within a culture of continuous improvement, the manager should:

- ensure staff follow best practice around medication administration recording and documentation.
- ensure staff administering medication have training equivalent to that in the SVQ module: 'administer medication to individuals'.
- ensure managers are involved in the audit of the new electronic 'Atlas' medication system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, whilst strengths had a positive impact, key areas need to improve.

Staff worked hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs.

Visiting professionals told us: *'The staff are compassionate and attentive, providing excellent care to all residents'* and *'some excellent carers who know adults well and are proactive in care delivery'*

Relatives spoke of the staff as: *'Very friendly, and approachable'* and *'I have always found the staff team to be extremely pleasant, helpful and courteous'*

Team meetings and supervisions were taking place. This allowed staff protected time to reflect on their practices, share best knowledge and gave opportunities for development. A previous area for improvement in this area had been met.

At our visits, we found staffing levels to be sufficient, however, this differed across the week. Some days, staffing levels and skill deployment was tight. There was no activity coordinator in post and although staff were very caring, they did not have time to provide meaningful engagement and stimulation for people's mental wellbeing.

Recruitment was underway for this post so we have not made an area for improvement at this time.

There were gaps within recruitment paperwork. Newly recruited staff received a good induction, however, paperwork to evidence this support through reflective discussions and observations was not being completed.

We made a new area for improvement (AFI 1) to ensure people are confident their staff are employed and inducted into their role safely and in line with safer recruitment guidance.

## Areas for improvement

1.  
To ensure people are confident staff are recruited safely in line with 'Safer Recruitment Through Better Recruitment' guidance', the provider should ensure:

- all checks are completed, evidenced and recorded accurately prior to newly recruited staff starting in post.
- Probationary workbooks for newly recruited staff are completed to evidence guidance and support provided.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

## How well is our care and support planned?

**4 - Good**

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care and support plans held detailed, personal information and guidance to support the person well.

People's health history and medical conditions were informative, giving staff detail of how this impacted on the person's health and wellbeing, and how to support them well.

Relevant people had been involved in the development of any covert medication pathways and legal documentation was in place. These safeguards ensured people's rights were protected.

Most plans we sampled held good information to support a person with stress and distress. They gave proactive strategies to help reduce stress for people and keep people safe, however, some plans lacked this detail.

The manager was currently reviewing all plans and is aware of the level of detail required to ensure care and support is delivered effectively.

## 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

To ensure information is reported to the Care Inspectorate timeously, the provider should submit notifications as required and in line with 'Records that all registered services (except childminding) must keep and guidance on notification reporting'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

**This area for improvement was made on 18 January 2024.**

#### Action taken since then

Notifications were being submitted appropriately and timeously by the manager.

This area for improvement is met.

#### Previous area for improvement 2

To ensure best outcomes for people experiencing care, the provider should establish robust processes to facilitate effective team discussion and manage staff performance. This should include but is not limited to carrying out regular staff supervisions and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 18 January 2024.**

#### Action taken since then

Supervisions were up to date and evidenced discussions with support staff around any performance issues raised and time given to reflect on their development. Team meetings were being held and these ensured staff had time to share knowledge, best practices and for peer support.

This area for improvement is met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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