

Lennel House Care Home Service

Lennel Road
Coldstream
TD12 4EX

Telephone: 01890 882 812

Type of inspection:
Unannounced

Completed on:
26 June 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 28 people living at Lennel House.

About the inspection

This was an unannounced inspection which took place on 23 June 2025. Our visit was then followed with time examining evidence remotely.

The inspection was carried out by one inspector 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, staff and management at our visit
- considered feedback from MS Forms questionnaires returned by staff and health and social care professionals
- observed practice and daily life
- reviewed documents

Key messages

- A previous requirement and two areas for improvement had been met.
- Staff knew people they supported well and we observed warmth, kindness, respect and fun interactions.
- The manager was a positive role model who supported and guided the staff team well.
- There were sufficient staff on duty to meet people's needs.
- The home was warm and welcoming and people could be confident the environment was well maintained.
- Care and support plans provided staff with clear guidance to ensure people's care was supported well.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff knew people they supported well and we observed warmth, kindness, respect and fun interactions. People were very relaxed at our visit, enjoying each others company, or with staff or just observing the interactions of others.

A visiting professional told us how staff are *'inclusive, offering choices and gentle encouragement.'*

Staff were able to recognise any changes to a person's wellbeing and would act quickly to follow up any concerns by reporting to senior staff for a health professional referral.

Daily notes and clinical records evidenced a holistic approach to people's health and wellbeing with all professionals included.

One relative told us *'any health concerns were dealt with quickly'* giving them reassurance.

People told us they enjoyed their meals and we saw people being supported well at mealtimes in the dining room. The ambience in the dining room was relaxed and where people needed support with their meals, this was managed sensitively and at the person's pace.

A new part time activity coordinator (AC) had recently commenced in post with another due to start imminently. They had quickly built relationships with people and had introduced some activities people enjoyed based on their likes, with plans to develop this further. Meaningful engagement training was planned for all staff to further enhance their skills supporting people's daily wellbeing.

A visiting professional told us *'it is heart warming seeing the small tasks or little conversations happening that genuinely make the resident feel like a person.'*

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The manager was described to us by a visiting professional as *'a fierce advocate for residents'* which we concur with. They were a positive role model who supported and guided the staff team well to ensure learning and growth across the home. This meant staff embraced their commitment and confidence grew in their own roles.

Quality assurance systems were led well with good oversight through various audits leading to action plans and improvements.

The manager had worked alongside health professionals to improve medication administration competency observations. Along with improved oversight of an electronic medication system, we were confident medication procedures were managed well.

A previous area for improvement had been met.

The management team had enrolled and commenced completing training qualifications relevant to their role. This meant people could be confident they were being supported by management who were skilled and reflective of their practice. A previous requirement has been met.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff were clearly happy working at Lennel House and continued to work well together.

A visiting professional told us: *'You are always met with a smile, when in the home you hear laughter and conversations.'*

At the inspection visit there were sufficient staff on duty to meet people's needs. There was good forward planning of rotas with staff's individual skills taken into account.

A visiting professional told us *"The team are more cohesive in their approach to care under new leadership."*

Staffing numbers were flexible to meet people's care and support needs. We were satisfied support staffing arrangements currently met the needs of supported people.

A relative told us: *'The staff do a great job, we have no concerns whatsoever.'*

The majority of staff had completed the relevant mandatory training to ensure they had the skills and knowledge to support people well. Additional training was being delivered by the provider and the local Health and Social Care Partnership (HSCP), for example dysphagia, dementia and meaningful engagement to name a few.

The manager had completed an audit of recruitment processes and paperwork. Any discrepancies identified were being followed up to ensure people could be confident their staff had been recruited well. A previous area for improvement in relation to recruitment had been met.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Lennel House was warm and welcoming. People were relaxed in their surroundings and were able to freely access different lounges and a cafe area downstairs. Plans had been approved to revamp part of the beautiful garden area to make it safer for people to walk around. This should enable people to enjoy the outdoor space independently.

Domestic staff worked hard to keep the home feeling clean and fresh. Visiting professionals and families commented on how clean the home was, telling us they had *'no concerns about cleanliness'*.

Being an old house, the maintenance staff worked around the clock to ensure checks of the fabric of the building, equipment used and cleanliness were in place and monitored well. These checks meant people could be confident their home was safe to live in.

How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question. The service demonstrated major strengths in supporting positive outcomes through assessment and care planning.

A complete review and update of all care plans had been undertaken by the manager. We found these to be very well written with thoughtful and reflective detail which captured the person and gave staff a real insight into the uniqueness of each person's life. This helped staff make meaningful connections and build caring relationships.

Plans were consistent and informative and provided staff with clear guidance to ensure people's care was supported well.

Information relating to people's health needs following any events or discussions with other professionals was updated timeously. This ensured an accurate timeline of support was available for staff.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 27 February 2025.

Action taken on previous requirement

The management team had enrolled and commenced relevant qualifications for their role. Further training to enhance leadership skills had been organised and was due to commence.

There had been sufficient improvements made to meet this requirement.

Met - within timescales

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 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)

This area for improvement was made on 27 February 2025.

Action taken since then

Management had good oversight of medication systems and of staff competencies in medication administration. A new competencies workbook was being developed with support from external health professionals. Senior staff had commenced further qualification training for their role.

There had been sufficient improvements made to meet this area for improvement.

Previous area for improvement 2

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)

This area for improvement was made on 27 February 2025.

Action taken since then

The manager had completed a full review of all recruitment paperwork and had followed up any discrepancies. Only one new staff had been recruited since last inspection, we will therefore review probationary workbooks at next inspection.

There had been sufficient improvements made to meet this area for improvement.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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