

Leigham Lodge Limited







Leigham Lodge

Inspection report

64 Leigham Court Road
Streatham
London
SW16 2PL
Tel: 020 8664 6640
Website:

Date of inspection visit: 23 and 24 September 2015
Date of publication: 27/11/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 23 and 24 September 2015 and was unannounced.

Leigham Lodge is a residential home for up to six people with learning disabilities and associated conditions. At the time of the inspection there were six people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines in line with company policy. Staff received training in medicine administration and had good knowledge of the types of medicine and their purpose. At the time of the inspection one medicine was being stored securely however this was not in line

Summary of findings

with good practice. Subsequent to the inspection the registered manager had taken reasonable precautions to ensure that the medicine was securely stored and in line with legislation and good practice.

People at the service indicated that they felt safe. Staff had sound knowledge of how to identify abuse and who to raise their concerns to should they suspect abuse. This meant that people were protected against the risks of abuse. The service had policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

The service had robust systems in place to ensure that suitable staff were employed by carrying out the necessary safety checks prior to employment. For example Disclosure and Barring Services (DBS) checks. Staff told us they underwent a comprehensive induction process when first employed. Inductions were tailored to staff's individual needs and could be extended should staff require additional support and training. Staff received on-going supervisions from the registered manager whereby they were supported to reflect on their work and identify training requirements.

Care plans were person centred and where possible people were involved in the development of their care plan. Care plans covered all aspects of care delivered and were regularly updated and reviewed to reflect people's changing needs.

Both known and suspected risks were identified and recorded in the risk assessments which gave staff clear guidance on how best to support people when faced with the risk. Staff had a clear understanding on how to minimise these risks and were aware of the importance in following the set guidelines.

Staff told us they could approach the registered manager should they need. Staff stated that the registered manager operated an open door policy and that they found her to be supportive. One staff member told us, "It's all about supporting the people and the registered manager ensures that's what we do at all times".

The service actively sought feedback on the delivery of care. Yearly quality assurance questionnaires were sent to people, their relatives and staff to seek their views on how the service is run. An action plan was then put together to act on appropriate suggestions received.

Staff told us that their complaints and concerns were listened to by the registered manager and that they could contact senior managers if they felt that they could not approach the registered manager. People's concerns and complaints were recorded and acted upon appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were supported by staff who had sound knowledge of the safeguarding procedures.

Comprehensive risk assessments were in place which were person centred and gave staff clear guidelines. This meant that people were supported against both known and unknown risks.

Accidents and incidents were documented and reviewed by the registered manager and where possible lessons were learnt to ensure repeat incidents did not occur.

People received their medicines in line with company policy. Medicines were recorded, administered and disposed of appropriately.

Good



Is the service effective?

The service was effective. Staff underwent comprehensive training to ensure people's needs were met.

Consent was sought prior to any delivery of care taking place.

Staff received on-going supervisions and guidance from their manager using a reflective approach.

Staff were aware of their responsibilities within the mental capacity act and deprivation of liberty safeguards. This meant that people were supported against having restrictions placed on their liberty.

People were supported to maintain a healthy diet and were provided with nutritious food and drink throughout the day.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect.

Staff had developed meaningful relationships with people they supported.

Staff gave people explanations and information about what was happening in a manner they understood.

Staff consistently encouraged people to be as independent as possible by supporting people to do things for themselves.

People had access to health care professionals in the local community to ensure their wellbeing was assessed and maintained regularly.

Good



Is the service responsive?

The service was responsive. Care plans were person centred which meant that they were tailored to the individual's needs.

People were supported to participate in a range of activities that suited their needs.

Staff supported people to make choices about the care they received.

Good



Summary of findings

Concerns and complaints were responded to in a timely manner and where necessary investigated fully.

Is the service well-led?

The service was well-led. The manager encouraged an open and transparent work place where people could freely express their views.

The registered manager actively encouraged partnership working with other health care professionals, this meant that people had access to health care services.

The registered manager actively sought feedback on the care provided. Quality assurance questionnaires were regularly sent to people, their relatives and staff.

Good



Leigham Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

The inspection took place on 23 and 24 September 2015 and was unannounced. The inspection consisted of one inspector.

Before the inspection we gathered information we held about the service and the provider. We looked at details of statutory notifications, safeguarding concerns, complaints, previous inspection reports and the registration details of the service.

During the inspection we spoke with one person, two relatives, three staff, the registered manager, the area manager and a member of the human resources team. We looked at three care plans, three health action plans, the accidents and incidents folder, three staff files, three people’s medicines and other documentations the service holds. We also contacted other health care professionals to gather their views.

Is the service safe?

Our findings

One person indicated they felt safe living at Leigham Lodge. A relative told us, “My [relative] is safe living there, there’s nothing to worry about”.

People were protected against the risk of abuse. Staff told us, “It’s their [people’s] right to be safe and we are here to make sure that we keep them safe”. Another staff member told us, “I would inform my line manager immediately, I’d reassure the person that their concerns are being taken seriously and I would only inform people on a need to know basis”. Staff were able to demonstrate good knowledge of their roles and responsibilities in line with safeguarding people. Staff confirmed they had received training in safeguarding and were able to explain the different types of abuse and how these may present in a person’s behaviour. Staff had a clear understanding of how to report any concerns of suspected abuse, who to report to and the importance of maintaining clear and concise documentation.

People were supported by staff who were confident in speaking out against any form of abuse and willing to raise concerns through the correct channels. Staff were aware that the service had a whistleblowing policy and knew their rights when whistleblowing. Staff we spoke with were confident in who to contact should they need to whistleblow and the importance of doing so immediately. Staff stated that they could contact the local safeguarding authority, their line manager and senior management and the commission. Staff told us they would have no hesitation in raising any concerns.

People were protected against the risk of being discriminated. Staff told us, “Just because someone cannot do something or they may act differently from others doesn’t mean that they shouldn’t be involved in everything that’s going on”. Staff were inclusive in their approach. During the inspection we observed staff interacting with people and encouraging them to be part of the service.

The service had comprehensive and robust risk assessments in place to ensure risks to people were mitigated. We reviewed the risk assessments for three people and found that these contained clear guidance for staff to follow when faced with an identified risk. The risk assessments were designed in a person centred manner and people were encouraged to be involved in the

development of their risk assessment. Staff told us they used the guidance set out in the risk assessments to enable them to support people and keep them safe. Risk assessments covered a wide range of topics including, accessing the local community, mobility, eating and drinking, engaging in behaviours that others may find challenging, finances and medicines.

People were protected against the risk of poor medicine management. During the inspection we carried out an audit of two people’s medicine. We looked at how the medicine was received into the service, how it was stored, administered and where required disposed of. We found that medicine administration sheets (MARS) were accurately completed and were in line with company policy. The MARS sheets contained the name of the medicine, dosage, time to be administered, route medicine should be taken and signed by staff to say it had been administered. We found that all tablets were accounted for. We spoke with the registered manager regarding the storing of medicines and found that the service had a robust system in place to ensure people were unable to access medicines without authorisation.

People lived in a service that was safe. The service carried out daily, weekly and monthly checks of the service to ensure that the premises were safe. We looked at the maintenance file and found that checks had been carried out in line with company policy and good practice. Checks included, water temperatures, fire checks, Premises safety and kitchen safety. We found that all audits that highlighted areas that needed attention were done so however work to rectify the issues was not always completed in a timely manner. For example we saw evidence that there were water stains in the quiet lounge ceiling that had been present for several months and were awaiting painting. During the inspection we met with the maintenance person who explained that a plan was in place to complete the works which were due to begin the following weekend.

Plans were in place to support people at times of an emergency. People had individual emergency plans in place for example emergency fire plans. We reviewed emergency plans for people in the case of a fire. The plans had clear guidelines of risks that had been identified and the impact this would have on people. The guidelines were set out in such a way that staff were able to ensure people remained safe and gave them key people that they should

Is the service safe?

contact and at what stage during the emergency. Staff had signed to say that they had read and understood the guidelines. The registered manager reviewed the emergency plans regularly to ensure that they were up-to-date with people's changing needs. The registered manager told us that she welcomed and encouraged people to speak up if they felt there was a need to ensure people's safety at all times.

The service maintained clear records of all accidents and incidents that had taken place both in the local community and in the service. Records indicated what happened just before, what happened as a result and the impact on people. The records were then analysed by the registered manager to ensure lessons could be learnt and the risk of repeat incidents minimised. Staff were aware of the correct procedure to follow when reporting any incidents and accidents. The registered manager had liaised with other health care professionals to gain guidance and support in accident and incident management.

People were encouraged and supported to be active members of their local community. Relatives and staff told us that there were sufficient staff on duty to ensure people's needs were met. We looked at the staff rotas and found that these echoed people's statements relating to staffing. The registered manager told us that the staffing levels are decided by the needs of people and where the needs of people change then a review of the staffing levels would then take place.

People were supported by staff who were suitable to work in the service. During the inspection we spoke with two staff who had recently been employed. Staff confirmed that there was a robust and effective process by which they were employed. We looked at staff files and found that appropriate pre-employment checks were carried out to ensure people were safe to work in the service. For example staff had disclosure and barring service checks (DBS), a DBS check is carried out by the police to ascertain people's criminal records. Staff also had two references, photographic identification and proof of address.

Is the service effective?

Our findings

One person we spoke with nodded and made hand gestures to indicate to us that they liked the staff that supported them. A relative told us, “They [staff] are obviously doing something right with [relative], [he’s/ she’s] come a long way, they know what they’re doing”. Another relative told us, “The staff are nice, [my relative] really does like the staff [he/she] has got to know well”.

People were protected against the risk of being deprived of their liberty unlawfully. Staff had sound knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the importance of their role within the legal framework and the importance of obtaining people’s consent regarding all aspects of their care. Staff told us that any decisions that were made were to be in line with the person’s best interests when they lacked the capacity to make an informed decision. Staff were aware of the process in establishing someone’s capacity and that they must always assume someone has the capacity when carrying out the assessment to confirm this. We looked at capacity assessments in place and found that the registered manager had liaised with the local authority DoLS team to apply for general authorisations in line with legislation. This meant that the service were following the correct procedures to protect people from unlawful restrictions on their liberty.

People were supported by staff who were effective in their role. The service had robust induction systems in place to ensure people were competent in all areas assessed prior to starting work within the service. We spoke with two staff who had completed their induction who told us that the induction process was thorough and could be extended if they required additional time to fully comprehend an aspect of their role. We looked at one staff’s induction book and found that this was comprehensive and covered a multitude of areas such as, supporting people who were engaging in behaviours others may find challenging, how to operate electrical items within the service, understanding the policies and procedures and the core values of the service.

People were supported by skilled and knowledgeable staff. One staff member told us, “We do receive a lot of training, even before we start work we have to do a lot of training”. Staff told us they received ongoing comprehensive training to ensure they could effectively carry out their roles. We

looked at staff personal files and the training matrix and found that staff had received mandatory training and training specific to the needs of the people living at Leigham Lodge. At the time of the inspection the local authority were delivering specific sensory training to the care staff. We looked at staff records and it showed that there were several training techniques used for training such as E-learning, workbooks and classroom based training. All staff spoken to told us the level of training received was helpful.

People were supported by staff that reflected on the delivery of care in order to improve. Staff told us and records confirmed they received on-going supervisions. Staff told us they found these helpful as they could discuss any areas of concern with their line manager on a one to one basis. Supervisions highlighted any areas where additional support and/or training were identified. At the time of the inspection a new supervisions and appraisal document was being introduced throughout the company to ensure that all areas of staff’s roles, responsibilities and identified needs were addressed. This meant that people were supported by staff who reflected on their practice to improve.

People’s consent was sought and respected at all times. Staff told us, “We always ask for people’s consent in everything that we do. Without their consent we cannot do things”. Throughout the inspection we observed staff seeking people’s consent regarding the care they received. Staff were able to gain people’s consent prior to delivering any care, for example if staff could enter their rooms, if they wanted support with personal care, if they would take their medicine and if they wanted to engage in activities.

People were supported to communicate in a manner they chose. Staff were observed communicating with people throughout the inspection in a kind and respectful manner. Staff used different techniques in order to effectively communicate with people. For example staff used verbal, physical and signed communication methods. People’s preferred method of communication was documented in their care plans and staff made aware of this.

People were supported to maintain a healthy diet and given sufficient food and drink. One relative told us, “My relative seems to get enough to eat and drink. They [staff] monitor his weight so that he doesn’t put on or lose too much.” Staff were aware of the importance of people being supported to eat healthily, staff told us, “People can have

Is the service effective?

seconds if they want but we do encourage people to make healthy choices". Throughout the inspection we observed people being offered drinks and food and people could request additional food and drink as and when they wished. Fruit was available for people to have.

Is the service caring?

Our findings

One person indicated that they liked the staff that supported them and were happy. A relative told us, “Staff really do care about my son. The staff are respectful, some of them [staff] really care for him and he gets along with the staff he knows well”.

People were treated with kindness and respect. During the inspection we observed staff interacting with people. Staff treated people with respect and compassion and spoke to them as equals. We observed one person becoming agitated and staff were quick to respond in a calm and confident manner which appeared to de-escalate the situation. Staff used differing approaches with people and therefore tailored their delivery of care to the individual. Staff were seen sharing jokes and being tactile to those that welcomed it. Staff had clearly developed meaningful relationships with people they supported and were passionate about meeting their needs.

People were encouraged to be as independent as possible. Staff had a clear understanding of their role with regards to maintaining people's independence, one staff member told us, “We help them to do things for themselves but are on hand to help if they need it. I think sometimes people will try to do very little but with encouragement they in fact can do quite a lot”. We spoke with staff who told us that they support people to take responsibility for their lives where possible and do everything in their power not to de-skill people.

People were given information in a manner they understood. Staff used many different techniques in order to share information with people. Some people required verbal instructions whereas others required verbal and observational instructions for example, when informing someone that it was time for a cup of tea the staff were observed making hand signs to confirm what they had said verbally.

People's confidentiality was respected at all times. Staff told us, “If something is confidential you do not tell others, you must maintain people's confidentiality”. Staff were aware of the importance of maintaining people's

confidentiality at all times. During the inspection we observed staff talking amongst themselves sharing information and they did this out of earshot of others. Staff explained that they did not leave information about people in the house however these were restricted to the office so that only the people who needed and were permitted to have access to the documents could do so.

People were actively encouraged to make decisions about the care they received. Staff explained to us that they tried to involve people in all aspects of the delivery of care throughout the day. We saw evidence of this when staff were observed seeking people's opinions and preferences. For example, people were asked if they wanted to access the community, if they wanted to spend time in the lounge or if they preferred to have some time alone in their rooms. Staff were aware of the importance of ensuring that people were given sufficient information to make decisions about the care they received.

People's privacy and dignity was maintained and respected at all times. Staff told us, “Everyone has the right to their privacy and dignity”. Staff demonstrated this by knocking on people's doors before entering and asking people if they wanted support or to be on their own.

People's wellbeing was regularly assessed and action taken swiftly if there was a decrease in their health. We saw evidence that people were supported to access health care professionals regularly to ensure their wellbeing was reviewed and maintained. For example, people were supported to visit the GP, dentist, community nurse and other health care professionals on a regular basis. Staff told us that they would support people in the community to attend appointments and where people's behaviours dictated this was not possible arrangements were made for GP's and dentists to visit the service.

The registered manager told us that should anyone require the support of an advocate that these were made available to people, however relatives were involved in people's care and would advocate for them. We saw evidence that the registered manager was aware of who to contact should advocacy services be required.

Is the service responsive?

Our findings

A relative told us, “I can raise any concerns or complaints I may have at any time. If I’m not happy all I have to do is say”. Another relative told us, “My mother would sing the praises of the staff and was updated on my [relative] on a weekly basis.

People’s concerns and complaints were listened to and acted on in a timely manner. This was confirmed when we spoke with a relative. The registered manager told us that all complaints are investigated by either herself or the area manager to ensure that lessons can be learnt and where needed changes are made. We looked at the complaints and compliments files and found that areas of concern were acted upon immediately. We observed that there was a complaints form for people to read available in the main office however this was not easily accessible to people. We discussed this with the registered manager who informed us that having the information in the main house may be a direct trigger for people engaging in ripping behaviours. The registered manager agreed to review this to ascertain if there was a way to have an easy read complaints form available in the main building.

People’s choices were sought and respected. One staff member told us, “Sometimes people may say no but mean yes, you need to then go back to them a little while later to re-ask them just to make sure you’ve understood what they really mean”. People were offered choice in the delivery of care they received. We observed staff consistently offering people choices in relation to their care. People were encouraged to make choices and were given sufficient information to make choices in a manner they understood. Staff offered choices related to, personal care, meals, activities and spending one to one time with staff. Where people chose not to engage with staff, staff were respectful

of their decision. We saw evidence of this when staff were asking someone if they wanted to spend time with them, the person indicated that they would rather spend some time alone in their room which staff respected.

People were actively encouraged to be involved in the development of their care plans and have their wishes documented. We looked at three care plans during the inspection and found these to be person centred. The registered manager carried out regular reviews of the care plans to ensure they were up to date and accurately reflected people’s changing needs. Care plans were shared amongst the staff to ensure they were aware of any changes and staff then signed them to say they had read and understood the content. Care plans gave staff clear and concise information about people’s history, likes and dislikes, medical diagnosis, health care needs and other vital information. We also found that alongside the care plans were “My Plan” documents which were in an easy read format so that people could understand the information the service held about them. Where possible people contributed to their care plan which was also developed with the input of family.

People were encouraged to participate in a range of activities that suited their needs for example some people went swimming, out for meals, cinema, shopping trips and holidays. On the day of the inspection one person was accessing the local community to go for a walk with a member of staff. Staff told us that some people like to go out more than others however they encourage people to be active members in the local community. The service also provided in-house activities for those that chose to participate, during the inspection we observed two three people watching television, one person having some beauty therapy and another person spending time in their room. This meant that people were offered the opportunity to engage in a wide range of activities.

Is the service well-led?

Our findings

A relative told us, “The registered manager is fine she’s a nice person, she keeps me up to date on what’s going on with [relative]”. Another relative told us, “I don’t think there are any problems”.

The service is a warm and inviting house where staff and people can be heard sharing jokes and laughing. The atmosphere is inclusive and people were observed being respected at all times. Staff told us that the morale within the service was positive and that people worked as a team to ensure people’s needs were met.

The registered manager had clear values and these were shared amongst the team regularly. The service and all staff were passionate about delivering high quality, person centred care to people regardless of their limitations. The registered manager ensured that staff promoted people’s achievements and focused on the positives in people’s lives and skills.

People were supported by a staff team who were part of a positive inclusive culture which had a direct positive impact on people. During the inspection we spoke with staff who told us they found the registered manager approachable and someone who would listen to their concerns and act on them swiftly. One staff member told us, “She [registered manager] really puts the needs of the people first, she’s passionate and clearly cares about people and is always willing to help”. During the inspection we observed staff seeking advice from the registered manager and were confident in approaching her for support and guidance. This was confirmation of what the registered manager had told us that she operates an open door policy.

People’s views were sought and listened to regularly. The registered manager actively sought feedback from people,

their relatives and staff on the delivery of service. We looked at the quality assurance questionnaires which are sent out annually and found that these covered a wide range of topics for example, staffing, care provided, food and drink, activities and staff approach. The registered manager told us that feedback received was then used to further improve the service and to learn from if appropriate. For example people had requested specific activities and food which had then been implemented into people’s lives.

Additional and robust audits relating to the health and safety of the premises, care plans, risk assessments, food hygiene and maintenance were carried out regularly. Where issues were identified these were acted on as quickly as possible to ensure risks relating to people were minimised. During the inspection we saw evidence that the registered manager had identified areas that required improvement and devised action plans with specified timelines to ensure the work was completed.

Records that the service is obliged to keep were kept both in the office of the service and next door in the sister service. Records were up to date and concise ensuring that these could be understood by the reader. Documents were reviewed and updated regularly in line with company policy and where errors identified these were immediately rectified by the registered manager.

People received care and support from a variety of professionals. The registered manager actively sought partnership working from external health care professionals. We reviewed records that showed the registered manager had sought guidance from others to improve the quality of the service provided to people. We saw evidence of referrals made and recommendations from health care professionals implemented in people’s care plans.