

# Leyton House Community Care Ltd

# Esna House

## Inspection report

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## 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 ●

# Summary of findings

## Overall summary

About the service:

- Esna House is registered to provide accommodation and personal care support for up to five people who have a mental health condition.
- People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Esna House is a terraced house and accommodation is provided over three floors. The ground floor communal areas comprise of a kitchen and dining room, and a sitting room. All rooms are of single occupancy and with en-suite facilities.
- At the time of our inspection, five people were living at the service.

People's experience of using this service:

- People told us they felt safe living at the home.
- People were supported by staff who knew how to safeguard them from the risk of harm, abuse and neglect.
- People told us staff provided effective, timely and consistent care that enabled them to live healthier lives.
- People's needs were assessed before they moved to the home.
- People were involved in planning their care and their care plans were comprehensive and regularly reviewed.
- People told us they were encouraged to raise concerns and were satisfied with how their complaints were addressed.
- People were supported by sufficient and suitable staff who received detailed induction, and regular training and supervision to provide effective care.
- Staff were knowledgeable about how to provide care without discrimination, and told us they treated people like individuals and met their individualised needs.
- People told us staff treated them with dignity and respected their privacy.
- The provider had effective systems in place to ensure people's safety and quality of care.

Rating at last inspection:

- Good (report published 14 October 2016).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.□

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.□

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Esna House

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

- Esna House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.
- Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two people who used the service. We observed interactions between people, the registered manager and staff.
- We spoke with one care staff and the registered manager.
- We reviewed three people's care records, two staff records including recruitment, training and supervision,

and other records about the management of the service.

- Following the inspection, we spoke to one relative and reviewed documents sent to us by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. A person said, "I have no concerns about my safety." Another person said, "Oh yes, I feel safe here."
- The provider had appropriate processes in place to ensure people were safeguarded from abuse, poor care and neglect. Since the last inspection, there had been one safeguarding incident that involved two people who used the service. Safeguarding records showed the registered manager had alerted the local safeguarding authority and notified us in a timely manner. They had carried out appropriate actions to ensure people's safety. There were records of actions taken and learning outcomes.
- Staff were knowledgeable about different types and signs of abuse, and their responsibilities in reporting concerns. They knew the whistleblowing procedure and told us they would blow the whistle if they felt the registered manager did not act on their concerns.

Assessing risk, safety monitoring and management

- The provider identified, assessed and mitigated risks associated with people's healthcare needs to ensure their safety, and promoted and respected their independence.
- Staff knew the risks to people and how to support people safely. They were provided with detailed risk assessments that gave information on risks, level of severity and clear guidance on how to safely support people with their mental health, medical, dietary and behavioural needs.
- Risk assessments were up-to-date and individualised. They were for areas such as risk to others, relapse of mental health state, medication, self-neglect, violence, accessing community and diabetes.
- The provider carried out regular health and safety, and maintenance checks. There were records of water, fire and electrical equipment, and building checks. These were all in date. There were environmental risk assessments in place to ensure people's safety.

Staffing and recruitment

- People and staff told us the staffing levels were sufficient. A staff member said, "At the moment staffing levels are fine and if we need any extra support we are provided with easily."
- People using the service were semi-independent and did not require hands on support with their personal care needs. Staffing levels were decided as per people's needs and staff rotas showed people were supported by a staff member during the day and a waking staff member at night. The registered manager worked as a floating member of staff who supported people with their appointments and activities. Staff rotas confirmed this.
- Staff files contained necessary recruitment documents such as application forms, interview notes, proof of identity and the right to work, references and criminal records checks.
- This showed the provider followed appropriate recruitment procedures to ensure people were supported

by sufficient and suitable staff.

#### Using medicines safely

- People told us they received safe medicines support from staff who were appropriately trained and their competency assessed.
- Where people were on self-medicate care plans, there were appropriate risk assessments and guidance in place to ensure they were provided with appropriate medicines management support. A person told us, "I also self-medicate now. Never used to do that before. Staff are of great help."
- During the inspection, we observed a staff member administering medicines and we found they followed safe medicines practices and completed medicines administration records (MAR) appropriately.
- MARs showed they were appropriately completed without any gaps and errors.
- Medicines were stored safely and securely, and at a temperature recommended by the National Institute for Health and Care Excellence. Records confirmed this.

#### Preventing and controlling infection

- People were satisfied with the cleanliness of the home. A person said, "Communal areas are always clean, staff don't stop cleaning."
- The home was clean and free of malodour. There were sufficient and appropriate hand washing and clinical waste disposal facilities.
- Staff were trained in infection control and followed safe practices to reduce the risk of the spread of infection.

#### Learning lessons when things go wrong

- The provider had systems in place to report, record, investigate and learn from accidents and incidents.
- Accidents and incidents records showed staff had reported concerns in a timely manner, appropriate actions were taken to ensure people's safety, and learning outcomes gained to minimise the recurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the service. The registered manager met people, their relatives where necessary and healthcare professionals involved in their care.
- During the assessment process the registered manager identified people's medical history, physical and mental health, dietary and communication needs and abilities.
- Needs assessment records showed people's choices, interests and needs in relation to their mental health, diet, communication, behaviour, and social interaction were assessed before they moved to the home.

Staff support: induction, training, skills and experience

- People and a relative told us their needs were met by staff who were knowledgeable about how to meet their needs. A person said, "Staff are of great help. They know what I like and what support I need." A relative told us, "[Person] has had more help in Esna House than from anywhere since he was nine years old. We have seen a change in him, he is off the drugs for six years now. Staff know how to support him."
- Staff received induction, specialist and refresher training to enable them to meet people's needs effectively. Training records confirmed their training was up-to-date.
- Staff confirmed they received regular training. A staff member said, "We have ongoing training all the time and as I have been working with this [people who used the service] group for a long time, I have a lot of experience and knowledge. I feel confident in my role."
- Staff received regular supervision and annual appraisals to enable them to do their jobs effectively. Records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Where necessary, staff assisted people in food shopping and preparing meals. People prepared their weekly menus and the records showed they were encouraged to eat a nutritionally balanced diet. A person commented, "Before staff used to come with me for food shopping, once a week on Tuesday. But now I go shopping on my own. I prepare my weekly menus."
- People told us they were happy with dietary support. A person said, "Since I have been here I learnt how to cook lamb chops, biryani, curries, bacon. I also learnt how to bake cakes."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
- The kitchen was well maintained. People's food was stored appropriately at the recommended temperature, and vegetables and meat stored separately to avoid cross contamination.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live



healthier lives, access healthcare services and support

- People and a relative told us staff encouraged and assisted them to live healthier lives. A person told us, "I have been off drugs, have had a couple of relapses but with staff's support, none since. I have an issue with losing weight and going to gym. But [staff] encourage me."
- When people moved to this home, they required more help and support with their personal care needs. People told us, since moving to the home, due to receiving individualised care they were now able to carry out personal care tasks without much direct support. A person said, "I shower myself now but, need staff's help to tie my shoe lace due to issues with my hands and legs."
- However, staff prompted people, when required, with their personal care and hygiene needs. This was to ensure people continued to maintain good level of personal care and hygiene.
- People were assisted in accessing ongoing healthcare services and staff accompanied them in attending the appointments. A relative said, "[Staff] organise and attend [person] health appointments, before his mother or I had to do it."
- Healthcare professionals told us staff worked well with them to provide effective, timely and consistent care to people. A healthcare professional said, "The Clinical team are happy with the progress [person who used the service] has made and the supervision that staff provide for him. When I turn up I am always provided with a comprehensive handover, and feel the staff take their time to try and help patients with their recovery promoting their independence. Staff are very willing to escort patients out and provide day trips as well as escorts to clinical appointments."

Adapting service, design, decoration to meet people's needs

- People told us they found their bedrooms and the communal areas easy to access and well maintained. A person said, "This is my space. I used the garden for smoking. I like my bedroom."
- On the day of inspection, we saw people accessing their bedrooms and the communal areas with ease and comfort. The home's design and decoration met people's individual needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff encouraged them to make decisions and ask their permission before supporting them.
- People living at the home had capacity to make decisions related to their health, care and treatment. No one was on DoLS. People's care plans provided information to staff on whether or not they had capacity and how to involve them in decision making and encourage them to make choices.
- Staff were trained in the MCA and DoLS and knew the importance of asking people's consent and giving them choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative told us staff were caring and treated them well. A person said, "Sometimes I don't like to be on my own and doing things by myself. Staff would talk to me, give me company. They are fantastic, I cannot thank them enough. I love them, they are like a family." Another person commented, "I have no qualms about staff, they are good, it is not an easy job. Staff are very helpful." A relative told us, "I cannot thank [staff] enough for the fantastic help and support they have provided [person who used the service]."
- On the inspection day, we observed positive interactions between people, staff and the registered manager. Staff were sensitive to people's needs, listened to them patiently, and supported them with kindness.
- Staff received training in diversity and equality. They were knowledgeable about treating people individually and respecting their differences. They told us they provided people person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People's care plans stated their gender, culture and religion, and any needs in relation to them. This enabled staff to meet people's needs in relation to their protected characteristics.
- The provider promoted lesbian, gay, bisexual and transgender people to use their service. People were asked about their sexuality and significant relationships and this was recorded in their care plans. This was to enable people to feel comfortable to disclose their sexuality if they wished to.
- People were encouraged and supported to maintain relationships with their loved ones. During the inspection, we observed people announcing that they were visiting their relatives.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged to express their views and were involved in planning their care. Where requested, people's relatives were invited to take part in the care planning process. Records and a relative confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and treated them with dignity. A person said, "Definitely, staff treat me with dignity and respect. They respect my privacy. If I am on the phone to someone and it is private, staff would encourage me to finish the call in a private space."
- Staff knew the importance dignity in care and respecting their privacy. They told us they did not enter people's bedrooms without their permission. People locked their bedroom doors when they were not at the home.
- Staff encouraged and supported people to learn daily living activities and promoted their independence. A

person said, "I now shower, cook and this place has really built my confidence and my independence." A relative commented, "[Person who used the service] has learnt to cook, drive. He cleans and tidies his room that he never used to. He has come on leaps and bounds."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their personal care needs were met and staff knew their likes and preferences. They further said staff supported them to plan their care that met their personal needs. Records confirmed this.
- People's care plans were comprehensive and person-centred. They gave staff information in areas such as people's background history, mental health and forensic history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- The care plans contained instructions for staff to follow on how to communicate effectively with people, their behavioural needs, triggers, and actions that staff were required to take to support people when they displayed behaviours that challenged other people and staff.
- This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- People were allocated with keyworkers. A keyworker worked with people to plan their care and liaised with their relatives and healthcare professionals to ensure people received personalised care. Keyworkers met with people every month to review their care, discuss aspects of care, things that were going well and things that needed more work to enable them to achieve their set goals. Records confirmed this.
- A person said, "This place works, I have done so well since moving here. I have progressed really well." Staff knew people's likes, aspirations and goals. Staff supported and encouraged them to learn independent living skills.
- Since the last inspection, three people living at the home had been assessed as ready to move to a 'supported living' service. At the 'supported living' service, people would live in one bed flats where staff would aid with their daily living activities with the emphasis on promoting their independence. A person commented, "I am now ready to move to the supported living place. [Staff] are supporting me with the transition and should be moving in June if not before. I also self-medicate now. Never used to do that before."
- People were assisted to explore their interests and dreams. For example, one person wanted to learn to drive a car, and staff supported them with their aspiration. The person passed the driving exam and test, and is now able to drive. This enabled their independence and boosted their confidence. This person said, "This company [has] done so much for me. November 2017, I started learning how to drive and by March 2018 I passed [the driving test]."
- This showed staff worked with people to plan personalised care which gave them choice and control and met their interests and aspirations.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their voice was heard. A person said, "I am listened to all the time. I would speak to [registered manager] if I am not happy about something." Another

person commented, "Staff and the manager listen to me. I have no complaints."

- The provider had a complaint's policy, and staff encouraged people to raise concerns. The provider had systems in place to record, investigate and learn lessons from the complaints.

#### End of life care and support

- The provider had systems in place to support people with end of life care and palliative care needs. Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.

- Currently, no one was being supported with end of life care and palliative care needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and a relative spoke positively about the service. They told us the service was well managed and they would recommend it to others. A person said, "I would recommend this place to anyone. I tell my GP to recommend this service to anyone who is in my situation." Another person commented, "I am happy with the service." A relative said, "Yes, the service is very well managed. We have seen a great difference in him the way he talks and engages with people."
- The registered manager had several years of experience of working with people with a mental health condition and managing the service and demonstrated a good understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The registered manager told us they continued to work collaboratively with external agencies including community psychiatric team, local authority and the CQC when there were any concerns and worked with them to ensure high-quality care. Records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear of their roles, and their responsibilities in meeting quality standards and Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- Staff told us they felt supported and had effective communication with the provider. A staff member said, "I feel comfortable to speak to [registered manager]. He is very flexible and he makes things manageable for us."
- The provider had effective quality assurance systems and processes in place that enabled continuous learning and improvement of the care delivery.
- There were records of regular monitoring checks and audits to ensure the quality and safety of the service. The audits were for areas including care plans, risk assessments, medicines administration charts and medicine practices, complaints, health and safety, and staff files. The checks were all in date and the registered manager had taken actions where they had identified areas of improvement.
- The provider also carried out an independent audit of the service every quarter. Records showed issues were identified and actions taken in a timely manner to address the gaps.
- This meant the provider had a good oversight of the service, and monitored it so that improvements could be made where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives, healthcare professionals and staff to continuously learn and improve care.
- The provider involved and engaged with people whilst taking into account their diversity needs.
- People attended monthly residents' meetings. Meetings minutes showed they were asked for their views and feedback, were reminded of how to raise safeguarding concerns and make complaints, were informed of independent advocacy services, and were asked if they had any concerns.
- The provider carried out annual surveys to formally seek feedback from people who used the service. The last annual survey was carried out in November 2018 and the results showed people were 'very satisfied' with the service.
- The registered manager carried out staff meetings every two months where they updated staff on any changes, aspects of care delivery, record keeping and sought staff's view on how to improve the service. Records confirmed this.
- Staff told us they felt listened to and were encouraged to express their views. A staff member said, "[Registered manager] is very approachable and oh absolutely, listens to us. Yes, he asks us for our views. I also approach him if I feel we can change or improve things I don't have to wait for him to ask me."

Working in partnership with others

- The provider worked in partnership with community organisations, local authorities and other healthcare professionals to improve the service and people's experiences. A healthcare professional told us, "I have had no concerns with staff or the service they provide. The staff communicate well with us via email regarding any issues that arise."