

Leyton House Community Care Ltd

Leyton 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

Leyton House is a residential care home providing regulated activity personal care to up to 15 people. The service provides support to people with mental health issues. At the time of our inspection there were 14 people using the service. The home is divided into 3 adjoining buildings with separate facilities for each one.

People's experience of using this service and what we found

People said they felt safe living at the service, the provider had systems in place to protect people from harm. Care plans and risk assessments were in place in good detail for staff to ensure people were safe. People's medicines were managed safely. Staff were recruited using safe recruitment practices. The provider had an effective system in place to reduce the spread of infection. Relatives told us they can visit the home any time they would like to. The provider has a system in place to review incidents to learn from them and improve the service as a result.

People had care plans in place outlining their support needs in detail. Staff were trained in relevant subjects for their role. People were supported to eat and drink healthy meals. People had access to a wide range of health care professionals. The home meets people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People told us staff were very helpful. Staff respected people's privacy and dignity. Staff promoted people's independence. People were supported to express their views and staff listened to them and acted on any concerns raised.

People received person centred care, staff know people's likes and preferences. People were supported to maintain relationships with family and friends. The service arranged activities for people both indoors and in the community. The provider has a clear complaints procedure in place.

The management team show good leadership, staff, people and relatives spoke positively of the staff and managers. People and relatives were able to give feedback on the service. Quality of care checks were carried out in the service by the provider. The provider worked with other agencies such as the multi-disciplinary teams.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 October 2018). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made 2 recommendations. The first was to look for guidance to ensure people felt safe and the second to seek guidance about transferring people between services. At this inspection we found the provider had acted on both recommendations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leyton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was Effective

Is the service caring?

Good ●

The service was Caring

Is the service responsive?

Good ●

The service was Responsive

Is the service well-led?

Good ●

The service was Well-led

Leyton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Leyton House is a 'care home'. People in care homes receive accommodation and personal care as single package under 1 contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. The inspection activity started on the 21 February 2023 and ended on the 3 March 2023.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection.

During the inspection

We spoke with 4 people who live at the home and 2 relatives. We spoke with 4 staff, 3 care workers and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 4 people's care records including medicine, risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training, supervision, quality audits, medicines, and complaints.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks of harm to people's wellbeing were assessed and monitored by the provider, ensuring people were safe. Each person had a risk management plan in place. Risk management plans covered areas such as people's mental and physical health, social isolation, risk of choking, malnutrition, aggressive behavior, and self-neglect.
- Risks identified were recorded in people's care records, reviewed regularly, and had enough detail in them for staff to follow. For example, one assessment stated, "Ensure the person had taken their medicine and staff to ensure the person was engaging with the service." Another plan stated, "Ensure staff have regular 1:1 meeting with the person and explore particular issues with them."
- Staff we spoke with told us they knew people well and would pick up on any changes to a person's wellbeing for example if a person became less engaged with the service or they had talked about a certain incident this may be a sign that the person was becoming unwell, staff would follow the risk management plans and seek additional support for people. Records reviewed showed people had regular health monitoring, this meant early signs of distress or illness were picked up and addressed without delay and in line with their risk assessments.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance on people feeling safe. The provider had made improvements.

- The provider had effective systems in place to protect people from harm.
- People and their relatives told us they were safe at the home, people said they felt safe, and their property was secure.
- Staff told us they understood how to protect people from abuse, one staff said, "Abuse can be financial, neglect, we can raise a safeguarding let the local authority and CQC know, help them to sort it out, physical abuse, signs can be [person] is not the same guy, mood is low, approach them ask them if okay, how you

doing, say we can do something and report it."

- Staff had safeguarding training and could confidently explain different types of abuse and different signs of abuse for example, a person may become withdrawn. This meant people were protected from harm. Training records reviewed confirmed this.
- The provider had a safeguarding policy in place which meant staff had good guidance to refer to when needed.

Staffing and recruitment

- The provider had an effective recruitment system in place to recruit staff safely. Staffing levels were sufficient to meet people's needs.
- The registered manager told us several background checks were done for example obtaining 2 references from a previous employer and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us the staff were good and supported them with their appointments when they needed them.
- Staff told us all activities and appointments are planned and support is flexible to suit the person for example staff will come in earlier or stay later to accommodate people's needs.
- We observed there was enough staff on duty to meet people's needs. The registered manager told us they had a planned rota in place, and this was based on people's assessed needs. We reviewed the staff rota and confirmed this was the case.

Using medicines safely

- Medicine was managed safely.
- People told us they had support with their medicines, one person was learning how to manage their medicine safely. They had gone through various stages towards becoming independent in this area. The last stage was for the person to manage their medicine with minimal supervision, this was one of their goals.
- Staff had medicine administration training which enabled them to become confident in administering medicine safely. There was guidance in place for staff to follow.
- We reviewed 4 people's medicine packs and records and found all records were up to date and accurate. Medicine audits were carried out monthly and we saw evidence of an audit carried out by the Pharmacy.
- Care records contained detailed information about medicine and their side effects, people using the service were also given leaflets with information to help them understand their medicine.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting the home, relatives told us they could visit whenever they wanted to.

Learning lessons when things go wrong

- The provider had a system in place to review complaints and incidents and share any lessons learned.
- There were regular team meetings to discuss issues such as incidents, complaints, and safeguarding alerts.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

At our last inspection we recommended the provider consider current guidance on good transfer between care services. The provider had made improvements.

- People's needs were assessed before using the service. The provider had an assessment tool in place which covered areas such as people's history, a person's health including their mental and physical health, social needs, cultural and personal care needs.
- Each person had a care plan in place, the care plan had been developed with the person and their family. Care plans were in detail for staff to deliver support in a way which was person centred. Short- and long-term goals were recorded.
- A relative told us, "My relative is fully involved in his care, they have choices about their care such as activities and food."
- Staff had equality and diversity training, this enabled staff to understand and prevent any forms of discrimination.

Staff support: induction, training, skills, and experience

- People were supported by staff who had received training which was relevant to their role. Staff were well supported in their role; they had regular 1:1 meetings with their line managers. This meant staff could regularly seek guidance and feedback from their supervisors.
- All of the staff we spoke with said they had great support from their managers, one staff said, "They are very supportive, help is available at any time, I can make suggestions or a complaint they take things on board and listen to me."
- Training records reviewed showed staff had training in areas such as fire safety, food hygiene, nutrition and diet, medicines, safeguarding and person centred care, amongst others. These were considered mandatory by the provider.
- The provider had an induction pack in place for new staff, new staff shadowed experienced staff to learn the role and understand people care and support needs. Staff files contained details of these inductions.

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

- People's eating and drinking needs were assessed and health care professionals were involved where needed.
- People and relatives told us they were supported by staff with cooking and shopping for meals, one person said, "Yes we get choices about food and activities, I eat curry when I want to, staff will help me, and

if don't want to that is okay, staff will give me choices." Another person said, "Yes to food choices, I go food shopping and buy things I like, for example fish and chips or chicken steak & kidney pie, I have a freezer in my room, I can take what I want out of the freezer, staff are helpful." A relative told us, "My [relative] eats well and has what he wants, staff treat [person] like an adult as it should be."

- Staff told us they offered support to people on menu planning and shopping, one staff said, "We have communal meals a couple of times a week, we encourage everyone to attend the meals, we have cooking sessions each week to teach people how to cook, people seem to really enjoy this."
- We observed people coming into the kitchen and taking snacks and drinks, one person was cooking some food with staff support.
- Care notes and monthly keyworker sessions reviewed showed people were encouraged to make healthy choices about food and drinks. People had meetings on a monthly basis and topics such as healthy eating was discussed. This enabled people to seek advice on issues surrounding their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked well with other agencies such as the multi-disciplinary teams and healthcare professionals.
- People told us that staff supported them to attend medical appointments such as the dentist, GP, and mental health team. One person said, "I can see my GP if I am unwell or to do my blood tests and staff support me with any problems I have."
- Relatives told us that their relatives health needs were met by the team. One relative said, "My [relative] has full access to health care professionals for example the mental health team, as they need them and the GP, I have no concerns."
- Staff told us they made referrals to health care professionals when needed for example one person needed the dentist and staff had supported the person to contact a dentist. One staff said, "We talk about health issues each week and support people to different clinics, remind people to go to the hospital or to their GP."
- Care notes and medical records reviewed showed a list of medical appointments attended, such as the mental health team, the GP, opticians, and the dentist. All actions and outcomes were recorded in detail.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Capacity Act. At the time of our visit there was no one using the service who lacked capacity. The provider understood the process for assessing a person if

they lacked capacity. All staff had training in the principle of the Mental Capacity Act.

- People told us staff asked their permission before providing support.

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

- The home met people's needs. The provider had a plan to upgrade parts of the property, this also included decoration of all bedrooms and communal areas. People had their own bedroom and bathroom. There were lounges available for people to use with their visitors if they wanted to.
- During our visit there was a lot of work going on, the flooring had been replaced and people had been consulted with about the colour schemes. Contractors who were on site had made sure all tools and equipment were stored safely.
- People told us they liked their room and had their own private space. Relatives told us they could visit their relatives in their room or the lounge.
- Areas of the home were spacious and personal to the people living at the home. People seemed very relaxed and had an outside area to share when they needed it. We observed 3 people sitting in the outdoor area having some tea and a chat.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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 were treated with respect and kindness. Staff were compassionate and kind.
- People told us, "Staff are very good they look after us well, they do things for us, I am very happy and they are very helpful, polite and friendly, yes all comfortable."
- One relative said, "Staff are great and friendly they know my [relative] very well."
- Staff told us they respected people's choices and understood people's background. This meant they could give the right level of support, ensuring there were no barriers.
- We observed staff interacting with people and found staff were caring and respectful.
- Care notes reviewed were written in a way which was respectful and captured people's views about their care. Staff were attentive when people needed support.

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

- People and relatives had the opportunity to express their views through feedback and surveys carried out by the provider.
- People told us they had regular meetings with staff and staff listen to their views. Care plans had a record of goals and outcomes for example one plan stated, "I would like support to do a shopping list, prompting with room cleaning and laundry, and staff to encourage me to eat healthy food."
- Relatives told us they were kept up to date with changes to people's care plans and said they were involved in the care planning process.
- Staff told us people were involved in their care, one staff said, "People have choices, we sit with them to do the care plan every 6 months, get their point of view, we can't implement things without their input."
- Meeting minutes reviewed showed that people were able to give their feedback on a regular basis and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. Most people using the service were independent in many areas, some people needed prompting and encouragement in some areas.
- People told us they had privacy at the home. People used their bedrooms and staff were respectful of their private space. One person said, "They [staff] give you time to yourself when you need it, they are good that way."
- Staff told us they would knock on people's door and wait to be invited inside. Staff also said they would ensure that doors were closed when providing personal care.

- People told us they were able to do things for themselves, one person said, "I prefer to do my own laundry and cleaning, but sometimes I am not in the right frame of mind, I can ask for help if I need it."
- Care plans and care notes showed people had support to become more independent for example there was a cooking session on twice per week for people to learn how to cook. Staff promoted people's independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised, they contained a clear history of the person, their likes, interests, and individual preferences, and what they would like to achieve. Care plans had been developed with the person and those that are close to them.
- Staff told us they have a weekly meeting with people to find out what people would like to do, communal activities are arranged for example table tennis, chess or movie nights, anyone can come and join in. In addition, individual activities were arranged according to people's interests. For example, one person visited a place of worship weekly, staff would remind the person each week and offered to support them if that was their preference.
- Staff told us they knew people's likes and preferences, these were recorded in their care plans. For example, one plan stated, "I like going for long walks and watching sports on the TV."
- Staff had developed a good understanding of people's interests and goals. People were encouraged to maintain relationships with family and friends. Relatives told us they visited the service regularly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met.
- All of the people using the service could communicate verbally. No one using the service had a sensory impairment. All the people we spoke with told us they had no issue with communication. One person stated they needed support with letters and correspondence, and staff would offer this support.
- The provider understood how to meet the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints process in place. We reviewed complaints held on file, all were recorded including actions and outcomes.
- People and their relatives told us they knew who and how to complain. People and their relatives we spoke with told us they did not have complaints at this time.
- Staff were able to explain the complaints process and told us if anyone did complain they would report it to the manager. In one example, staff shared that 2 of the people living at the service had a dispute, staff

asked both parties if they can offer some support which they did, and the dispute was settled to everyone's satisfaction. Records reviewed confirmed this.

- There was a complaints policy in place to offer guidance to staff if needed.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to notify the CQC of serious incidents. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had the knowledge, experience, and skills to manage the service and provide good leadership. Staff we spoke with spoke highly of the registered manager and the management team. Staff said the leadership team were regularly in the service and accessible to everyone.
- People and relatives told us the staff and managers were good and very approachable. One person said, "You can speak to staff and the manager, I have good communication with them."
- The provider was aware of their regulatory requirements. For example, notifications of incidents were sent to CQC in a timely manner.
- A cycle of audits of the quality of care were done regularly and covered areas such as infection control, fire safety, care plans, health and safety, staff files and medicine. Results of these audits were used to improve the service.

Promoting a positive culture that is person-centered, open, inclusive, and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an open and honest culture in the home. Staff told us they could raise concerns, and these would be addressed. The registered encouraged people, staff, and relatives to offer feedback and any complaints received were reviewed as an opportunity to improve the service.
- People and relatives spoke positively about the team and managers. People told us they liked living in the home.
- Care records reviewed showed good outcomes were achieved by people. For example, one person wanted to move to a more independent setting, steps were taken by the staff team and managers to ensure this will happen soon.
- The registered manager had a good understanding of the duty of candour, they had not had any complaints which would invoke this regulation however they were able to explain the purpose and scope of

the regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people and staff in the service through feedback and surveys. The registered manager said, "People can approach me with anything, I am trying to install with the team a culture of promoting people listening to people and how they want the service to be run."
- People, relatives, and staff had been sent a survey to obtain their views. The results of these surveys supported the provider to make changes to the service.
- People using the service used the local community such as places of worship, leisure centres and attended other events such as festivals run locally.

Working in partnership with others

- The provider worked with health care professionals, multi-disciplinary teams, and social workers. Records showed that people had regular reviews of their care and support, information was shared with relevant people which meant that people's support and care was provided in a holistic way.