

Leyton House Community Care Limited

Leyton Lodge

Inspection report

233 High Road
Leyton E10 5QE
Tel: 020 8281 6329
Website: www.lhcclimited.co.uk

Date of inspection visit: 17 November 2014
Date of publication: 06/02/2015

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

We inspected Leyton Lodge on 17 November 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. At the last inspection in May 2013 the service was found to be meeting the regulations we looked at.

Leyton Lodge is a care home providing personal care and support for people with mental health needs. The home is registered for five people. At the time of the inspection they were providing personal care and support to five people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with all five people who used the service and they told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff.

Some staff demonstrated minimal understanding of Deprivation of Liberty Safeguards (DoLS). The registered

Summary of findings

manager told us staff had not received training on DoLS, but training for all staff was planned for in the coming weeks. After the inspection the senior support worker told us and we saw records that all staff had been enrolled on training for DoLS and this would be completed by 05 December 2014.

There were few examples of written person centred support planning in terms of supporting people to pursue particular interests or achieve ambitions and aspirations. From the care plans it was difficult to know much about the person for example what they liked and didn't like. However from talking to the staff and people it was clear that they did know the people well and were supporting them in reaching their goals. We saw staff had built up good working relationships with people who lived at Leyton Lodge. There were enough properly trained and well supported staff working at the home to meet people's needs.

People were involved in developing care plans. We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at Leyton Lodge and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

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 told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Medicines were securely stored and administered.

Risks were assessed for people. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

Some staff demonstrated minimal understanding of Deprivation of Liberty Safeguards (DoLS). The registered manager told us staff had not received training on DoLS. We were told after the inspection all staff were enrolled for DoLS training and this would be completed by 5 December 2014.

People were able to cook for themselves. There was access to food and drink throughout the day and night.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



Is the service caring?

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy was respected by staff.

People were involved in making decisions about their care. They were able to set their own goals about what they wanted to achieve whilst at the service. Regular meetings were held with staff to discuss people's progress and any additional support they required.

Good



Is the service responsive?

People's needs were assessed and care plans were produced identifying how to support people with their mental health needs. We found some details relating to people's interests were missing from their care records, but this did not have a direct impact on the support they received.

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and satisfaction surveys were provided to obtain their views on the service and the support they received. A complaints process was in place.

Good



Is the service well-led?

The service was well-led. People who used the service liked the management team. Staff members told us they felt confident in raising any issues and felt the manager would support them.

Good



Summary of findings

The service had systems in place to monitor quality of care and support in the home.	
--	--

Leyton 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 checked 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

We inspected Leyton Lodge on 17 November 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

The inspection was led by an Adult Social Care inspector who was accompanied by a specialist advisor. The specialist advisor had experience of mental health services.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection

which took place in May 2013. Before our inspection, we reviewed the information we held about the home which included notifications and safeguarding alerts. We also spoke to the local borough contracts and commissioning team that have placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing the bedroom of one person who lived at the home with their permission. We spoke to all five people who lived in the home. We talked with the registered manager, the service manager and one senior support worker. We also talked with one senior support worker after the inspection. We looked at five care files, staff duty rosters, three staff files, a range of audits, complaints folder, minutes for various meetings, resident surveys, staff training matrix, accidents & incidents book, safeguarding folder, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People using the service told us they felt safe living at the home. No one that we spoke with raised any concerns about their safety at the home. One person told us, “I feel safe. No one wants to hurt me.” Another person nodded “yes” when we asked them if they felt safe living at the home.

The home had safeguarding policies and procedures in place to guide practice. We saw an ‘easy to read’ adult protection policy on the kitchen noticeboard with contact details for the local borough to report any issues of concern. Staff training records showed that safeguarding training had been delivered to staff. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the management team. One staff member told us, “I would tell the manager and the local safeguarding team.” Another staff member said, “I would report any abuse to my manager and make sure the actions were followed up.” We saw records that safeguarding had been discussed in staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked and we saw records of this. This minimised the chances of financial abuse occurring.

We saw records that there had been one safeguarding incident since our last inspection. The manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Assessments were undertaken to identify the risks presented to people who used the service and others.

These assessments were based on information provided by the referring agency and observations undertaken at the service. This included identifying whether people were safe to use equipment, such as sharp knives and lighters, or whether they needed to be supervised by staff to ensure their safety and the safety of others. Plans were developed with people who used the service to manage any risks identified. The risk assessments were detailed and clearly showed indicators for staff to look for and necessary actions.

People who used the service told us there was always staff available to help them. One person told us, “There is enough staff. I’ve got to know them.” One staff member told us, “There is always a manager and a staff member on. The manager will definitely get someone to replace a staff member if they are sick.” At the time of our inspection the service was providing personal care and support to five people. Staff we spoke with told us that there was enough staff available for people. The manager showed us the staffing rotas for the last three months. The registered manager told us the home did not use agency staff and would use bank staff. There were sufficient staff on duty on the day of the inspection.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked office. We found that medicines administration record sheets were appropriately completed and signed when people were given their medicines. The manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training in the last 12 months. Only one person was completely self-medicating with the other people coming to the office for their medication. These arrangements were clearly reflected in the care plans. There were clear guidelines on what to do if a person refused their medication and staff were able to describe these guidelines.

Is the service effective?

Our findings

People told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. One person said, “I get a lot of support from the staff.” Another person said, “The staff are nice, friendly, helpful and supportive.”

Staff told us they were well supported by the registered manager and management team. Staff received regular formal supervision and we saw records to confirm this. One staff member said, “I get supervision every two months.” Another staff member told us, “I have supervision every two months. We talk about training and I get my chance to speak.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

Staff told us they received regular training to support them to do their job. One staff member told us, “The manager has a matrix when training is due and we discuss in supervision.” We looked at the training matrix which covered training completed and future training courses up until June 2015. The core training included safeguarding adults, fire training, food hygiene, medication administration, challenging behaviour, first aid, health and safety, mental capacity, infection control, communication, principles of care and induction.

We spoke with staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) is part of the Act. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. Some staff demonstrated minimal understanding of DoLS. The registered manager told us staff had not received training on DoLS, but training for all staff was planned for in the coming weeks. After the inspection the senior support worker told us and we saw records that all staff had been enrolled on training for DoLS and this would be completed by 05 December 2014.

The manager told us that no one living at the service was subject to a Deprivation of Liberty Safeguard (DoLS)

authorisation as people had capacity to make decisions. We found people were able to make choices in line with the principles of the Mental Capacity Act 2005. We observed that people were able to make choices about their daily lives, such as if they wished to attend college and go shopping. People told us they were not restricted in the service. One person said, “I can go out when I want.” We saw people during the inspection going out throughout the day.

We saw people’s risk assessments and care plans included information about people’s capacity to make decisions. People who spoke with us told us staff asked for their consent before providing personal care and support. One person told us, “I have a care plan. I read and sign it after the staff have gone through it.”

People we spoke with told us they liked the food and were able to choose what they ate. People told us they prepared their own meals. We saw people during the inspection preparing their own breakfast and lunch. We saw that people could access food and drink whenever they wished. One person told us, “We cook for ourselves. I cook Nigerian food like rice and yam.” People told us that staff will cook a meal for people on a Sunday and they can be involved with the meal choice and cooking. One person said, “They ask us what we like and then we all agree. Then they cook it.” The support plans we looked at included information on any nutritional issues which might need monitoring and what the person’s favourite foods were. One person was diabetic and there was clear evidence that the service was actively supporting the service user to manage this health condition. We saw weight records for each person which were up to date.

A staff member told us that all of the people using the service were registered with local GP’s. We saw people’s care files included records of all appointments with health care professionals such as dietitians, dentists, GPs, and psychologists. People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files. One person told us, “Staff took me to the GP and dentist to register me.” Another person told us, “I can see the doctor, psychiatrist, nurse and care co-ordinator when I want.”

Is the service caring?

Our findings

People living at Leyton Lodge told us they were happy with the level of care and support provided at the home. One person told us, “I think the staff are caring.” Another person said, “The staff are caring and they look after you.” People using the service told us the staff were available if they needed someone to talk to.

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. Staff we spoke with were able to tell us about people’s life histories, their interests and their preferences. A staff member told us, “We all get along like a friendship and we care for them.” Another staff member said, “We get to know the people through one to one sessions and we chat every day.”

People told us their privacy was respected and staff didn’t disturb them if they didn’t want to be. They said staff knocked on their bedroom door and waited to be invited in before opening the door. One person said, “They don’t barge into your room. They will knock and ask to come in.” Another person told us, “I have a key to my bedroom door.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “I will knock on their door and wait to be asked to come in.” Another staff member said, “I will approach people if they want to talk. I will respect if they don’t want to talk.”

We found that staff understood people’s needs in respect of equality and diversity. For example, staff told us about people who required a special diet because of religious and cultural needs and we saw this was reflected in the records. Staff told us about people who were supported to visit their place of worship. One staff member told us, “We respect everyone and their beliefs.”

People told us they had been involved in making decisions about their care and developing their care plans. The care plans we saw had been signed by the person using the service indicating they were in agreement with it. People told us they were able to set their own goals about what they wanted to achieve while at the service, and staff supported them to achieve them. They told us the staff enabled them to make steps towards their goals at their own pace. One person told us, “I have a care plan and they [staff] will ask me questions and I will tell them and they put it in my care plan.” The same person said, “I read the care plan and sign it after they [staff] have gone through it with me.”

People received regular one to one meetings with their key worker. This provided people with the opportunity to review the progress they had made, discuss the next steps towards achieving their goals and give people an opportunity to feedback about the service or raise any concerns they had. People who used the service said they were given opportunities to give their views about the service.

Is the service responsive?

Our findings

People told us they were involved in discussions about their care and support and the way it was delivered. One person told us, “I put in my support plan that I wanted to go to the gym, swimming and art. I got to do all that and the support worker helped me.” Another person said, “The staff have taken the time to get to know my needs.” One staff member said, “We involve people with their care plan. We sit down and ask what they need. If they are not happy about something then we change it.”

We looked at the care records for all the people using the service. All the care plans had been reviewed recently and signed by staff and the person using the service. The focus of the care plans overall was on management of risk, mental health and a limited range of activities of daily living and these were covered very thoroughly. However there were few examples of person centred support planning in terms of supporting people to pursue particular interests or achieve ambitions and aspirations. From the care plans it was difficult to know much about the person for example what they liked and didn't like. However from talking to the staff and people it was clear that they did know the people well and were supporting them in reaching their goals.

We found that people were supported to access the local community and wider society. This included education and work opportunities. People using the service pursued their own individual activities and interests, with the support of

staff if required. One person told us, “I go to a learning centre to learn about computers.” People told us they go away on holiday each year. We saw holiday choices were discussed in resident meetings and people confirmed this.

People told us they would speak with the registered manager or staff member if they had any problems at the home. One person told us, “I would complain to the senior support worker.” Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on activities, fire procedures, safeguarding, food planning, medication and introducing new staff and people moving into the home. One person told us, “The last meeting I could not attend but staff told me about it when I got home.”

The service collected formal feedback from people through the completion of six monthly satisfaction surveys. We looked at completed survey results for December 2013 and June 2014. The results were positive about the service. People were happy with the service they received. One person told us, “I did a survey. They asked me if my support worker was supportive.”

There was a complaints process available and this was displayed in the communal area so people using the service were aware of it. The complaints process was also available in a ‘service user guide’ which was given to people on admission to the home. There had been six recorded complaints since the last inspection, in all cases we saw that the complaints had been investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

There was a registered manager in post. The home also had a service manager in place. Staff told us the registered manager and the service manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. Staff felt supported. A member of staff said, “[Registered manager] is the best manager, very supportive. Both managers are very supportive.” Another staff member said, “The management is good and well organised. [Registered manager] is very supportive.” One person told us, “Both managers are good.”

There was a clear management structure with a registered manager, service manager, senior support workers and support workers in the service. Staff we spoke with understood the role each person played within this structure. This meant that people’s roles were clear to staff so they would know the best person to approach for the issue at hand. The commissioning team at the local authority had no concerns about the service.

Regular staff meetings were held to enable open and transparent discussions about the service, and allow all staff to raise any concerns or comments they had. We saw the minutes from these meetings which included topics on infection control, confidentiality, supervision, medication, health and safety, key working, training and discussions on people using the service. One staff member said, “We have staff meetings every three months. We can raise any concerns and we can also speak in private.”

The home had effective systems to monitor incidents and implement learning from them. There had been five

recorded incidents since the last inspection. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. For example, we saw an urgent review by a mental health professional had been organised for a person due to an incident.

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a quarterly audit to assess whether the home was running as it should be. The registered manager told us each audit focused on different topics. We looked at the last audit conducted on 4 September 2014. The audit looked at care records for each person at the service. We saw an action plan that resulted from this audit which included who was responsible and actions that had been completed. The manager told us and we saw records that the home completed an annual management review. We looked at the last review for December 2013 which looked at topics and trends for complaints, training, safeguarding, and supervision. For example, the review evidenced that safeguarding training was overdue and we saw that this was later addressed by all staff completing the training.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included audits of medicines management, environmental and health and safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis. We saw records to show that there were weekly checks of the fire alarm and monthly checks on electrical lighting, fire equipment, first aid box and health and safety. We saw actions from checks were recorded and actioned. The home had an emergency contingency plan.