Leigham Lodge Limited

Leigham Lodge

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Leigham Lodge is a small residential care home for a maximum of six people with a learning disability and associated conditions, based in the London Borough of Lambeth. At the time of the inspection there were six people using the service.

This unannounced inspection was carried out on 25 October 2017.

At the last inspection the service was rated Good, at this inspection we found the service remained Good, with one outstanding rating in caring.

The service did not have a registered manager in post at the time of our visit, however a manager was in post who had applied for registration and became registered on 26 October 2017. 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 continued to be protected from harm and abuse as the service had robust systems in place to monitor and respond to suspected abuse. Staff received on-going training in safeguarding and were aware of the whistleblowing process to escalate their concerns.

The service had robust risk management plans in place that identified the risk and gave staff clear guidance on how to respond to the risk. Risk management plans were reviewed regularly and updates shared with staff.

People continued to receive support from sufficient numbers of staff that had gone through robust pre-employment checks to ensure their suitability to work with people. Records confirmed staffing levels were flexible and based on people's needs.

People received their medicines in line with good practice. Records confirmed people received their medicines as prescribed and these were recorded, administered and disposed of correctly.

The service had training programmes in place that ensured people received effective care and support. Staff confirmed training met their needs and enabled them to carry out their roles and responsibilities in line with the provider's policy.

People's consent to care and treatment was sought by staff that had clear knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people were unable to give consent, the provider had taken the correct action to do so in their best interests in line with the legislation.

People continued to be supported to have sufficient amounts to eat and drink that met both their dietary needs and requirements. People who had specific dietary requirements were catered to.

Records confirmed people were supported to access healthcare professional service, to ensure their health and wellbeing was monitored and maintained. Records confirmed concerns about people's health and wellbeing were actioned swiftly to minimise the impact on people.

People were encouraged to maintain relationships with people that were important to them. The service supported people to visit friends and relatives, and encouraged relatives to visit the service.

Staff were aware of the importance of encouraging people to express their views. People's views were listened to and respected, and people were supported to make decisions about the care they received. People were treated with dignity and respect by staff that encouraged their privacy.

People received personalised care that met both their needs and preferences. Records confirmed people's likes and dislikes were sought and care delivered based around their preferences. Activities provided by the service included both in-house and community based activities.

People were supported to raise concerns and complaints, the service had developed an easy read complaints procedure, to support people to understand how to raise a complaint, who to contact and what to expect.

Staff spoke positively about the manager, stating she was approachable, caring and responsive to people's and staff's needs.

Involvement through partnership working was sought and guidance implemented within people's care and the service delivery.

Regular audits were undertaken to drive improvement. Audits looked at all aspects of the service and where issues were identified, action was then taken swiftly.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Outstanding ☆

The service was very caring.

People continued to be treated with extreme kindness and compassion from staff that were respectful.

People continued to be encouraged to maintain meaningful relationships with people that were important to them.

People were supported to express their views and make decisions about the care and support they received, and have those decisions respected.

The service had an embedded culture that promoted people's independence, respected their privacy and treated people with dignity.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains 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 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.

This comprehensive inspection took place on 25 October 2017 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. For example, statutory notifications, information shared with us from healthcare professionals and members of the public. We also reviewed the statutory notifications and Provider Information Return (PIR). Statutory notifications are information about important events which the service is required to tell us about by law. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with one person using the service, one relative, four care staff, the deputy manager and the manager. We reviewed three care plans, three medicine records, two staff files, three health action plans and other records relating to the management of the service. Most people who use the service were not able to tell us of their experiences verbally so we also observed staff's interaction with people.

After the inspection we contacted a healthcare professional who works with the people who use the service to gather their views of the service.

Good

Is the service safe?

Our findings

Although people were not always able to verbalise their views, they were able to demonstrate through noises and gestures in response to our questions. One person clapped their hands enthusiastically, indicating they felt safe using the service. A relative told us they considered their relative to be safe in the service, as they always seemed happy and safe.

The service had robust systems in place that protected people from avoidable harm and abuse. Staff we spoke with were able to identify the different types of abuse, how to respond and escalate concerns of suspected abuse. One staff member told us, "I would speak to the person and write down what is said. Make sure I factually document everything. I would then report that to the manager, or higher if need. For example, the Commission or the local authority safeguarding team." Records confirmed staff received safeguarding and whistleblowing training that further equipped them with the actions to take when abuse is suspected to have taken place.

People continued to be protected against identified risks. Risk management plans in place detailed the nature of the risk and how staff should support people to mitigate those risks. Risk management plans covered finances, accessing the community, personal care, kitchen access and behaviours other's may find challenging. Each person had a folder named, 'How I keep safe'. This was a person centred approach to risks and risk management. For example, plans were in pictorial format and devised in a way they understood and enabled them to understand the risks and how they could support themselves to keep safe.

People were supported by suitable numbers of staff to keep them safe. During the inspection we reviewed the rota and found sufficient staff were on duty at any time. The manager informed us they had recently recruited additional staff to support during staff absence. Staff records confirmed the provider had undertaken suitable pre-employment checks to ensure staff were safe working at the service. For example, records contained two satisfactory references, proof of address, photo identification and a Disclosure and Barring Service (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

The service had an embedded culture of safe handling of medicines. People received their medicines in line with good practice and staff had sufficient knowledge on how to administer, record and dispose of people's medicines safely. Records confirmed people received their medicines as prescribed, for example, the right medicine at the right time in the right way. Staff were aware of how to raise any concerns about missed or incorrect medicines management and told us they would seek guidance from senior staff and the G.P. Records were clearly completed and no omissions or errors identified. Regular medicines audits were also undertaken which meant that any issues identified could be actioned quickly to minimise any impact on people.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff that regularly received training to meet their needs. Staff spoke positively about the training they received and confirmed it enabled them to carry out their roles and responsibilities. Staff were also complimentary about their induction undertaken when commencing employment. One staff told us, "There was a lot to read, but the induction was a better way of learning as it was hands on." Induction records showed staff's competency was assessed over a four week period, which if completed successfully meant they could support people without direct supervision from senior staff.

Records confirmed staff training included for example, medicines management, Mental Capacity Act 2005, fire safety, safeguarding and equality and diversity. Staff files showed training was kept up to date which meant staff were equipped with current guidance to put into practice. Staff confirmed they could request additional training if required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider's policy supported this practice. Staff demonstrated sufficient knowledge on how to comply with legislation and records confirmed DoLS authorisation requests were submitted and adhered to once granted.

People indicated through gestures and body language that they enjoyed the meals provided. One relative commented, "I'm unsure whether [relative] gets a choice of food although [relative] looks healthy and well when visiting.' During the inspection we observed the lunch time and found people were supported and encouraged effectively to participate in the preparation of meals. The menu displayed was in pictorial format which enabled people to make choices and understand what food was available to them. Food provided met people's dietary requirements and preferences. The menu also identified meals provided met peoples cultural and religious preferences.

The service had systems in place to ensure people continued to have access to a wide range of healthcare services. By doing so, this enabled people's health and wellbeing to me monitored and action taken swiftly to address any concerns. Health Action Plans (HAP) detailed visits to healthcare professionals and guidance given, which was then implemented. For example, people were supported to visit the G.P, optician, chiropodist, aromatherapist, district nurse and the dentist. HAPs were regularly reviewed and in pictorial format which meant people were able to be involved in the planning and development of their healthcare.

Outstanding ☆

Is the service caring?

Our findings

At the last inspection this was key question was rated 'Good'. At this inspection this key question was rated 'Outstanding'.

The atmosphere within the service was relaxed, empowering and people led. People were free to walk around the service and in the garden as they chose without any restrictions or questioning. People appeared completely at ease with staff and were often observed smiling and laughing with staff in a calm and pleasant manner. A relative told us and records confirmed people were encouraged to have visitors and where this was not possible, staff would regularly update relatives via telephone.

Staff were confident in the care and support they delivered and told us, "People here are cared for well and we [staff members] have a caring nature. I would be happy for my loved one to live here." Staff's caring nature was evident throughout the inspection. Staff had a consistent approach to their commitment to enhance people's lives, for example, one staff member told us, "I want to enrich people's lives and see the development of their learning skills. They [people] make it worth your while." Another staff member told us they were putting together a photo album of all the trips one person had undertaken with captions describing the activities they were able to do, when away from the service. This was with the intention to leave this as a visual testimony of the person's ability when the staff member no longer worked at the service.

People continued to receive care from staff that knew their needs and preferences very well. Through discussions with staff members, they were able to evidence their knowledge of people's individual needs and how they met them, often without the need for verbal communication. One staff member told us, "I know [person] very well, from spending time with him, I have got to know what their body language and gestures mean." Although people using the service were not always able to verbally communicate, staff had taken it upon themselves to research one person's first language in order to enable the person further means by which to communicate. For example, staff were able to alternate between English and Portuguese when speaking with the person. One staff member confirmed that when one person is in a state of heightened anxiety, if they used their first language they were more likely to respond positively to verbal prompts to calm.

Another example of staff being able to demonstrate this, was with one person who liked to take an apple with them when leaving the service. This then gave them reassurance they had a semblance of the service when in the community and security knowing that they would return. In the downstairs hallway on the side were a selection of apples, the person could pick up thus giving them reassurance and comfort.

Staff demonstrated exceptional compassion towards people they supported and spoke of them both with dignity and respect. Staff were observed taking their time to talk to people in a way they understood and encouraged them to share their views as often as possible. Staff were often heard encouraging people to do things for themselves whilst being on hand to support them. For example, we observed one staff member supporting someone to put away their cutlery. Even though they were unsuccessful on their first attempt,

staff were observed saying, "One more time', 'well done' and 'try this one too'. Staff were keen to increase people's independence levels and gave praise to both unsuccessful and successful attempts in order to raise their self esteem and self worth.

People continued to be supported in making decisions and taking control of their lives. Staff were steadfast in ensuring the service was person led and encouraged people to be involved as much as possible. Care plans detailed people's level of involvement and staff reviewed these records to ensure sufficient involvement had taken place. For example, records showed questions asked included, 'how have I been involved', 'how have my communication needs been taken into account during this review' and 'how has the review ensured that I understand the options available for my support'. Staff supported people to answer the questions and recorded their responses, whether it be verbally or through facial expressions or gestures. Through knowing people well, staff were able to determine people's responses to the questions and detailed whether or not they had chosen to respond and give answers.

The service had an embedded culture that encouraged people's privacy and dignity. Staff were observed ensuring people's dignity was not compromised and encouraged people to understand why it may be compromised and how they can manage this effectively. For example, when entering a communal area, a staff member was observed verbally prompting one person with their clothing to ensure their dignity wasn't compromised.

The service and staff actively and successfully enabled people to live a life whereby their equality and diversity was met and celebrated. Staff were acutely aware of the importance of respecting people's differences and strived to ensure they embraced their diversity. For example, in the main entrance hall, there were posters on the wall with flags saying 'welcome' in the six different languages used by people in the service. The service also supported people to eat meals that met their cultural needs and attend regular cultural and religious venues. One staff member confirmed they had successfully undertaken a proposal for a 'cultural sensory room'. Staff explained that the sensory room would include stimulation of all six sense, including, for example, taste, touch, smells and sounds. This would enable people to stimulate the senses and have further exposure to their cultural needs and surroundings. For example with the smells and sounds that reflected their culture and ethnicity, including foods and music. Staff were passionate about how they could ensure people's cultural needs were met involving all six senses.

Good

Is the service responsive?

Our findings

People continued to receive person centred care. People, their relatives and healthcare professionals were invited to attend regular care plan reviews. One relative confirmed they had attended these reviews, although was not certain the changes had been implemented. However, records we reviewed showed information shared by people, relatives and healthcare professionals was documented and where appropriate implemented into the delivery of care.

Care plans were in both written and pictorial format which enabled people to understand their contents and the information used to guide staff on meeting their needs. Care plans covered, 'what people appreciate about me', 'how to support me', 'what's important to me', their likes and dislikes, communication, management guidelines and daily routines. Information relating to people's health and wellbeing was stored in their health action plan. Staff confirmed where they identified changes to the care and support people required, this was documented and shared with staff during daily handovers. This meant that people received support from staff that had up to date information and could respond to their needs as they changed.

People continued to be encouraged to participate in a wide range of activities that met both their needs and preferences. People were supported to choose what activities they wanted to engage in and where possible this was facilitated. Activities included music sessions, attending a day centre, art work, shopping, meals out, aromatherapy and other community based activities. During the inspection the service held a music session, whereby a music therapist attended the service and gave people bespoke instruments to play. We observed this activity and found people were encouraged to participate as much as they wished; and were praised for their participation. People appeared to thoroughly enjoy this activity.

At the time of the inspection the service had participated in a competition for 'Blooming Marvellous' gardens. The entry showed the before during and after photos of people and staff developing the garden and taking pride in their home. After the inspection the service confirmed they had secured second place in the competition. During the inspection people were observed sitting out in the sunshine.

The service continued to have a complaints procedure in place and one that was in pictorial format, enabling people to understand how to raise their concerns and what to expect. Staff were aware of how to respond to complaints received and escalate these in line with the provider policy. Records confirmed complaints received had been actioned.

Good

Is the service well-led?

Our findings

Staff spoke highly of the manager. One staff member told us, "[Manager] has empowered staff more to achieve the goals in terms of personal development of both people and staff." Another staff member said, "[Manager] is approachable and understanding." Although people were unable to verbalise their views of the manager, it was apparent through our observations that they had developed a positive relationship with the manager. Throughout the inspection we observed staff seeking guidance from the manager and appeared confident in approaching her.

The service did not have a registered manager in post. The service had employed a manager who had undertaken their registration interview with the Commission at the time of the inspection, and was successfully registered the day after our visit. The manager had worked for the provider in one of their other services for four years and had sufficient knowledge of the provider's policies and vision. 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.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service had an embedded culture of empowerment, encouragement and positive reinforcements which enabled people to reach their potential. Staff were aware of the values of the service and that staff morale was continuing to improve.

People and their relatives were continued to be encouraged to share their views through regular quality assurance questionnaires, meetings and keyworker sessions. We reviewed the quality assurance records completed by people and relatives. If people required support to complete the questionnaire this was clearly documented. Questionnaires were in pictorial format, and people were supported to use stickers and stars to demonstrate their views. Questionnaires asked people about the decoration of the service, staff interaction, communication and activities within the service. One questionnaire completed by a relative stated, 'We would like to express our sincere thanks to all staff for their excellent care and attention to our relative's needs.' Where feedback noted issues, an action plan was then devised and action taken to address those issues. For example one action point was in relation to the environment. We noted that decoration of the service had taken place.

Records reviewed confirmed the service continued to carry out regular audits to drive improvements. Audits included medicines management, health and safety checks, fire safety, care plans and health action plans. Where issues were identified, records showed action was taken to minimise negative impacts on people.

People received care and support from a service that actively sought partnership working from other healthcare professionals. Records confirmed information and guidance sought was implemented in the

delivery of care. For example, where behavioural specialists had given advice on how best to respond and manage behaviours others may find challenging this was then implemented into the care plan and risk assessments.