

Leyton House Community Care Ltd

Shifa Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Shifa Lodge is registered to provide personal care. The service provides personal care to one person living in their own home and one person living in a supported living setting. The provider has multiple supported living shared houses and flats, with varying levels of staffing depending on the needs of people living in the setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support:

The model of care in place did not consistently maximise people's choice, control and independence. We are looking into the model of care as it was not clear that the supported living setting offered people the rights and protections it should have. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider had not ensured consent had been sought appropriately and had not identified that people were restricted by their support. This meant they had not sought the appropriate authorisations to ensure the restrictions were safe and legal.

Right Care:

People received care that was personalised from staff who knew them well. However, the provider had failed to capture people's preferences or plan their care in line with best practice guidance. Staff had not received the training they needed to ensure autistic people were supported in line with their preferences. People were supported to access healthcare services, but the provider was not following best practice guidance for supporting autistic people and people with learning disabilities with their healthcare needs. Although staff spoke about the people they supported with kindness and compassion, the language in the records did not always support this.

Right Culture:

The management team had created a culture where staff felt well supported. Staff and management knew people well and were open to improving the quality of support they provided to people. There were systems

in place to involve people, relatives, staff and the community in the development of the provider's services.

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

Rating at last inspection

This service was registered with us on 14 February 2014 and this is the first inspection. The service did not deliver any Personal Care until recently.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We had been informed that the service was not delivering any regulated activities. In October 2022 they informed us they were delivering personal care to 2 people.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding adults, consent, person centred care, staff training and good governance. We have also made recommendations about ensuring people's healthcare needs and diverse characteristics are met in line with best practice guidance.

We will require an action plan in relation to the breaches of safe care and treatment, safeguarding adults, consent, person centred care and staff training. We issued a warning notice requiring the provider to be compliant with regards to governance by a fixed date.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Shifa Lodge

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.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is both a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats. It also provides care to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 not a registered manager in post. The manager of the domiciliary care service told us they were in the process of applying to become registered but no applications to register had been submitted.

Notice of inspection

We gave the service a short notice period before the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received from the service, including the information they submitted to demonstrate they were now delivering regulated activities. We sought feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

The inspection activity started on 8 December and finished on 21 December. We visited the office on 8 December. We spoke with 6 members of staff including three service managers, the director of the company and 2 support workers. We also spoke with an advocate. We received feedback from the local authority safeguarding team. We reviewed the care files of the 2 people who received support with personal care including needs and risk assessments, care plans and records of care. We reviewed 2 staff files including recruitment and training records. We reviewed other records, policies and procedures relevant to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this service which only started to deliver regulated activity recently. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not consistently identified and mitigated the risks people faced while receiving care.
- One person behaved in a way that could put themselves, and others, at risk of harm. There was insufficient detail in the care plan and risk assessments to guide staff on how to keep themselves and people safe. The specific risks around some behaviours had not been identified or mitigated.
- The provider had not assessed people's home environment to ensure any environmental risks were identified and mitigated.
- Where the provider had put risk assessments in place the measures in place were generic and non-specific. For example, staff were advised to "increase 1:1 session and explore changes in behaviour" in a risk assessment relating to physical aggression. They were not given any practical guidance on how to de-escalate situations or make themselves safe.
- In conversation staff and managers were able to describe measures taken to mitigate risk in more detail that was contained in the records.

We found no evidence people had been harmed, however, the lack of robust risk assessment exposed people to the risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There was not enough information to ensure people received their medicines as prescribed.
- Records about what medicines people were prescribed were inconsistent. One person's care plan recorded they were prescribed a medicine on an as needed basis. The service manager told us they had not been prescribed this medicine for over a year but the records had not been updated.
- Where people were prescribed medicines on an 'as needed' basis the information to inform staff when to offer or how much to administer were not clear. Records showed the person was given varying doses, but it was not clear how staff decided which dose to administer and what they based this decision on.
- Medicines care plans and risk assessments had not been completed in line with best practice guidance. It was not clear why people had been prescribed their medicines or what risks or side effects staff needed to be aware of.

We found no evidence people had been harmed, but the lack of guidance and risk assessments around medicines exposed people to the risk of harm. This was a breach of Regulation 12 (Safe care and treatment)

of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

- There were enough staff who had been recruited in a way that ensured their suitability to work in a care setting.
- Staffing levels in the supported living service were in line with the assessed needs of people receiving support.
- Staff and advocates told us there were enough staff to ensure people's needs were met.

Preventing and controlling infection

- Staff described taking effective measures to prevent and control infection. However, we found that not all infection risks had been properly identified or mitigated.
- One person could exhibit behaviours which posed an infection risk to themselves and others. There was no guidance for staff on how to respond to this behaviour or what actions to take to mitigate the risks posed by it.
- This was discussed with the manager who explained what actions staff took in response to these behaviours. They recognised that there needed to be more detail in the care plan to ensure all staff had the information they needed to provide safe care.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure in place, but they had not always identified and escalated safeguarding issues in a timely manner.
- A recent safeguarding investigation had found the provider had failed to identify that issues warranted investigation through the safeguarding adults process and recommended that staff should have training in this area. Training records showed staff had training in safeguarding adults, and the staff we spoke with were confident in how to identify and escalate allegations of abuse.

Learning lessons when things go wrong

- There were systems in place to respond to incidents and learn lessons from them.
- Staff recorded incidents and accidents and knew how to escalate issues with their managers. Incidents were discussed with people's support teams to resolve them. This included liaison with people's social workers and wider support teams.
- Incidents and accidents were discussed in staff meetings to ensure lessons were learnt.

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.

This is the first inspection of this service which only started to deliver regulated activity recently. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 not working within the principles of the MCA. There was reason to believe one person lacked capacity to consent to their care and treatment. Their relative had signed documents despite the fact they did not have the legal authority to do so. The provider did not request or complete an assessment of their capacity to consent until this was done as part of a safeguarding investigation.

The failure to obtain consent in line with the principles of the MCA is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The level of support received by the person in supported living amounted to a restriction of their liberty. The provider had not requested the local authority refer to the Court of Protection for appropriate authorisations for these restrictions. This meant they were unlawfully restricted.

The restriction of a person's liberty without the appropriate authorisation is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008

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

- The provider had completed assessments of people's needs but these lacked details of people's preferences and did not reflect best practice in supporting autistic people or people with learning disabilities.
- People's needs assessments referred to people's cultural and religious backgrounds, but did not include whether they required any support to maintain their faith or culture.
- The care plans in place were structured around desired outcomes, but these were not well described or clearly measurable. For example, one outcome stated, "To have a comfortable lifestyle and develop more independence skills." The details of the plan then referred to the need for vigilance when the person mobilised and repetitive behaviours.

We found no evidence people had been harmed, however the lack of details in people's needs assessments and care plans is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers of the service and staff were able to describe the support they provided to people in a far greater level of detail that was captured in the care plans.

Staff support: induction, training, skills and experience

- Staff received training and support in most of the areas they needed to perform their roles. However, the records showed they had not received training in supporting autistic people and their training in supporting people with learning disabilities was considered expired by the provider.

The failure to provide training in supporting autistic people is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they received a comprehensive induction when they joined the service. They also told us, and records confirmed, they received regular supervisions where they were able to talk about their work and personal development.

Supporting people to live healthier lives, access healthcare services and support

- The provider was not following best practice for supporting autistic people or people with learning disabilities with their healthcare needs.
- Autistic people, and people with learning disabilities should be supported to have Health Action Plans and hospital passports. These are documents and plans which facilitate a shared understanding of people's health needs by having all the pertinent information in one place. These have been developed in recognition that autistic people and people with learning disabilities often face difficulties accessing healthcare and can experience inequalities in their health outcomes. These were not in place.

We recommend the provider seeks and follows best practice guidance on supporting autistic people and people with learning disabilities with their healthcare needs.

- Staff told us they would support people to access healthcare services if they needed. One staff member described how they had supported a person to see a healthcare professional face to face

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

- People were given the support they needed to maintain their nutritional intake. However, as detailed above, care plans lacked detail on their preferences.
- Where staff were responsible for supporting people with their meal preparation, they were able to describe people's preferences and eating habits. However, these were not clearly recorded in people's care plans, which meant there was a risk that new staff would not know how to ensure people's dietary needs and preferences were met.
- Staff described how they asked people about their dietary preferences and supported people in line with their expressed views.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with people's social workers and healthcare professionals to provide them with the support they needed.
- Staff described how they supported people to make appointments and liaise with other professionals.

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.

This is the first inspection of this service which only started to deliver regulated activity recently. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's diverse needs were not always identified or planned for. Needs assessments did not identify people's sexuality or whether they had any support needs in this area. There was no exploration of the impact of people's protected characteristics on their experience of care.

We recommend the provider seeks and follows best practice guidance on ensuring people's protected characteristics are integral to their care planning.

- Despite the lack of details in people's care plans, staff spoke about how they respected people's individuality and built meaningful relationships with them based on trust. One staff member described how being given a key detail by a relative about the person's preferences had allowed them to build trust.

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

- People's relatives and loved ones were involved in planning and organising their care. Staff spoke about how they identified and responded to people's views and wishes. However, it was not always clear that people were involved in making decisions about their own care.
- Staff spoke about the importance of building trust with people and responding to people's behaviour as a way as understanding their communication.
- One staff member spoke about how difficult it was for the person they supported to understand that they now needed support. They described how they worked closely with the person's family to ensure their views about receiving care were respected.

Respecting and promoting people's privacy, dignity and independence

- People's experience of having their dignity and independence promoted was mixed. In the community setting people's independence and dignity were strongly upheld by staff. In the supported living setting staff did not always record people's experience of care in a way that promoted their dignity.
- The goals in the person's care plan were non-specific and did not describe the support they would need to achieve greater independence. The care plan talked about the person's behaviours but did not consider whether these might be a functional display of communication.
- We spoke to the managers about the tone of some of the records and they agreed they would undergo training to improve the tone of records so they always demonstrated a respectful attitude.

Is the service responsive?

Our findings

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

This is the first inspection of this service which only started to deliver regulated activity recently. The service has been rated Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received the care they needed to meet their needs, however, it was not always clear their preferences were respected. The person who received support in the community was having their preferences respected. However, the person in supported living's records were not specific enough to demonstrate their preferences were respected.
- People's care plans were reviewed regularly but information contained within these reviews was not used to update their care plans. For example, one review referred to a change in financial arrangements but no new care plan regarding managing finances had been created.

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 care plans were not in a format that was accessible to them. Care plans referred to people having specific communication needs but there was no information or guidance for staff about how to meet people's communication needs.
- One person did not use speech to communicate but there was no information about how to facilitate their understanding. Staff spoke about using a communication aide with them but there was no guidance to support this in their care plan.
- The provider had a policy in place regarding the Accessible Information Standard. This said they would provide information about the service in an alternative format if required.

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

- Staff knew about what activities and relationships were important to people. It was not always clear that people were receiving support with the activities they wished to be involved with as records of care lacked detail.
- People were supported to maintain relationships with their families and loved ones as were important to them.

- The lack of detail in the records was discussed at length with the managers who said they would work to improve the quality of the records.

Improving care quality in response to complaints or concerns

- The managers told us they had not received any complaints since the service had started to deliver regulated activities. There was a policy and procedure in place to respond to complaints and concerns.
- Staff told us they would escalate any concerns to management and were confident managers would address any complaints. An advocate told us they would feel confident to raise complaints if necessary.

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care needs.
- The provider had a policy in place to ensure that if they started to support people at the last stages of their life they would receive the support they 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.

This is the first inspection of this service which only started to deliver regulated activity recently. The service has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created

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

- The systems in place to understand and address the quality and safety issues within the service were not operating effectively.
- There were audits in place, however, they had failed to identify or address that care plans and risk assessments did not fully reflect people's needs and preferences, and had not been kept up to date.
- The quality assurance systems had failed to identify or address the issues we identified with compliance with the MCA or that people were being restricted by their support.
- There were three managers available to facilitate the inspection, however, none of them were registered with the CQC. One of them told us they had started the process of applying to be registered.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture at the service. Staff spoke positively about the culture within the service and this included the way they spoke about the people they supported.
- Managers described an approach to supporting people that was outcome focused. They engaged with conversations about how to ensure their actions achieved their ambitions.

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 understood their responsibilities under the duty of candour.
- The provider was working with other agencies to ensure people received the right support after incidents occurred. The manager submitted notifications about events to CQC as required in law.

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

- There were systems in place to engage with staff and the provider had wider plans to develop their services for the benefit of the local community.
- There were staff meetings and staff told us the management team listened to them. Staff surveys had

been completed and these showed people were happy in their work.

- Surveys had been completed with relatives which also showed they were satisfied with the service.
- The management team had plans to engage with people who used the service.

Continuous learning and improving care

- The provider was open and honest and committed to learning and developing the service.
- The provider had made changes to their management structures which had meant they had not correctly identified when they started to deliver regulated activities. The provider had completed a full review to identify what had gone wrong and identified changes to prevent future recurrence.
- There were systems in place to review incidents, accidents and safeguarding investigations to ensure lessons were learnt and shared across the organisation.

Working in partnership with others

- The provider worked with other organisations to ensure people received the support they needed.
- The provider was working with local authorities and healthcare providers regarding other services they might offer.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not planned in a person centred way. Regulation 9(1)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent had not been sought from the appropriate person. Regulation 11(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not been appropriate identified and mitigated, including those associated with medicines. Regulation 12(1)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being restricted in their liberty without the appropriate authorisations being in place. Regulation 13(1)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training they needed

to perform their role. Regulation 18(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been operated effectively to monitor and improve the quality and safety of the service. Regulation 17(1)

The enforcement action we took:

We issued a warning notice.