

Leigham Lodge Limited

Leigham Lodge

Inspection report

64 Leigham Court Road
Streatham
London
SW16 2PL

Tel: 02086646640

Date of inspection visit:
22 November 2022

Date of publication:
30 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Leigham Lodge is a residential care home providing personal care to up to 6 people. The service provides support to people with mild to severe learning disabilities or autistic spectrum disorder. At the time of our inspection there were 6 people using the service. The care home accommodates people in one adapted building in the London borough of Lambeth.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People received support from staff to make their own decisions about medicines wherever possible.

Right Care

Staff supported people to express their views using their preferred method of communication. People had the opportunity to try new experiences, develop new skills and gain independence.

Right Culture

Staff provided people with personalised, proactive and co-ordinated support in line with their communication and support plans. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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.

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

Rating at last inspection

The last rating for this service was good (published 30 November 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 Leigham Lodge on our website at www.cqc.org.uk.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed. This is based on the findings at this inspection.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Leigham 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.

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 carried out by one inspector.

Service and service type

Leigham Lodge is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We contacted 3 relatives and 3 healthcare professionals to gather their views. We reviewed three care plans, three staff recruitment files, medicines administration records and other records relating to the management of the service. After the inspection the registered manager sent us the training matrix, policies and audits to confirm our findings.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems and processes in place ensured people continued to receive their medicines as intended by the prescribing GP.
- A relative told us, "The service do an annual report and they let me know what medicines my relative takes. This is in the care plan, which I've seen."
- Only staff who had received medicines management training were authorised to administer medicines to people.
- We reviewed the medicines administration records and found these were completed accurately with no gaps or omissions. Medicines were stored securely, and regular audits ensured issues identified were actioned swiftly.
- People had a medicines profile that gave staff clear guidance on how people preferred to receive their medicines, and where 'as and when required' pain relief medicines were needed, there were robust examples of how people may present when in pain and how staff could determine if pain relief medicines were appropriate.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against abuse.
- Staff had a clear understanding of their role and responsibilities in protecting people from harm and abuse.
- All staff we spoke with knew how to identify, respond to and escalate suspected abuse. Staff confirmed they were confident in reporting poor practice to external agencies, for example the local authority safeguarding team if needed.
- The registered manager shared information with the external safeguarding teams where required.

Assessing risk, safety monitoring and management

- Potential risks to people were suitably assessed with sufficient management plans in place.
- Risk assessments were regularly reviewed to reflect people's changing needs.
- Risk assessments were personalised and detailed all aspects of people's lives where there was an identified risk. For example, medicines management, behavioural management, community access, kitchen access and mobility.
- Guidance for staff to follow in people's risk assessments was comprehensive on how to mitigate identified risks.
- People had individual Personal Emergency Evacuation Plans (PEEPs) in place, which were regularly reviewed. A PEEP gives staff guidance on how to safely support people to evacuate the building in the event

of an emergency.

- A relative told us, "[My relative] had an accident, the service kept me informed and shared information."
- The provider had systems in place to ensure the environment was regularly monitored. During the inspection we identified the environment in some communal areas required redecoration as it looked dated. The registered manager was aware of this, and confirmed on-going renovations were taking place. We will continue to monitor this at the next inspection.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's consent to care and treatment was sought wherever possible.
- Staff had an understanding of their responsibilities in line with legislation.

Staffing and recruitment

- People continued to receive support from adequate numbers of staff to keep them safe.
 - We reviewed the staff rotas for four weeks and found there were sufficient numbers of staff at all times, to ensure people could participate in planned activities.
 - A relative told us, "It's difficult for me to tell but I think they have [enough staff]." A staff member said, "We have lots of permanent staff as well part time and bank. We don't use agency staff. There are enough staff on to make sure people can go out."
 - The provider implemented robust recruitment systems to ensure only suitably vetted staff were employed.
-
- We reviewed staff recruitment files and found these contained a proforma which confirmed the provider had had sight of and monitored the application form, photographic identification, two satisfactory references and a current Disclosure and Barring Services (DBS) check. A DBS provides information including details about convictions and cautions held on the Police National Computer.

Preventing and controlling infection

- 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 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

- The home ensured that current government guidance and best practice was adhered to; to ensure people visiting the home did so safely.

Learning lessons when things go wrong

- People continued to receive a service that learned lessons when things went wrong.
- The registered manager was keen to ensure lessons learned were shared with the staff team through regular team meetings.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People continued to receive a service that was well-led.
- A relative told us, "Yes [the service is well-led]. The service is fantastic, and we are really very grateful."
- There was a positive and supportive culture within the service. Staff placed emphasis on encouraging people to maintain and develop their independence where possible. Staff knew the people they supported well and sought positive outcomes for them.
- Relatives and staff spoke positively of the registered manager and management team. Comments included, "[Registered manager] is a good manager, she explains things to you that you don't understand" "[Registered manager] is very supportive" "I can approach the [registered] manager when I need to" and, "I communicate with both the [registered] manager and the deputy. I tend to communicate via email and they're both very responsive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had clear oversight of the service.
- Systems and processes in place ensured issues identified through the auditing process were identified and actioned in a timely manner. Audits covered all aspects of the service, for example, medicines, risk assessments, fire safety and staff training.
- Staff and management were aware of their role and responsibilities.
- During the inspection we observed staff seeking guidance and reassurance from both the registered manager and deputy manager. The management team were open and transparent and shared information freely.
- There was a clear management structure within the service with staff being aware of who they should report matters to.
- The registered manager understood their requirement to notify the Care Quality Commission of reportable incidents.
- The registered manager had a clear understanding of the duty of candour and their responsibilities in line with legislation.

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

- People continued to be encouraged to develop the service.
- People were supported to attend keyworker sessions, whereby they could discuss areas of concern and goals they would like to achieve in the near future. A keyworker is a designated staff member who is the key point of contact for the person.
- Staff and relatives views were regularly sought to drive improvements. The surveys looked at, staff interaction, care provided, communication, the environment and management availability. We reviewed the most recent relatives' feedback forms and found these contained positive feedback.
- Staff were complimentary regarding how their views were sought and action taken as a result. For example, one staff member told us, "[Management] ask for my views and I have the opportunity to supervise some staff and I share their concerns and put them across. Staff can speak to the registered manager about any concerns or ideas [they may have]. They do put our ideas and views into practice."
- We reviewed a recent team meeting minutes and identified these were well attended by staff. All aspects of the service were discussed, for example, people using the service, training, incidents and accidents and lessons learned.

Continuous learning and improving care; Working in partnership with others

- People continued to receive a service that had an embedded culture of learning and improving.
- Outcomes from audits ensured the service reflected on their achievements and areas of improvement enabling action to be taken to address any areas of concern.
- People benefitted from a service that sought partnership with healthcare professionals and external services to drive improvements.