Leyton House Community Care Ltd

Leyton House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 9 and 10 August 2018 and was unannounced on the first day. We informed the provider of our intention to return for a second day.

At our last inspection the service was meeting all the requirements and was rated as good.

Leyton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
Leyton House accommodates 15 people across three adjoining houses. Each house had its own kitchen and people had private bathroom facilities.

The service had a registered manager. 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.

Risk assessments were not always robust at the service. Information on mitigation was not clear and the detail on risk reduction was only provided from staff who knew the people at the service. This posed a risk as if new staff joined the service in the absence of existing staff this information was not in people's care files. In some instances, there were no risk assessments for identified issues where one was required.

People gave mixed reviews about feeling safe and the service explained the reasons where people may have advised they did not feel safe at the service was due to their health condition.

Staff knew how to raise a safeguarding matter and the steps to escalate if they were not satisfied with the response of the registered manager. Staff told us how they kept people safe by always observing them discreetly and by offering them opportunities to discuss their concerns in confidence.

Staff were recruited safely at the service and the provider regularly checked staff suitability to work with people through criminal records checks.

Medicines were managed safely overall and the service supported people to become independent with their medicines.

Accidents and incidents were recorded and lessons were learnt to try and prevent them from occurring in the future. Staff wore appropriate protective equipment and used cleaning products to minimise the risk of infection.

Staff were supported in their role and received mandatory training, supervision and appraisal to enable

them to deliver effective care and support to people using the service.

People's needs were assessed and they were offered choices to encourage independent decision making as they had capacity. People cooked their own food or received staff support where appropriate.

Staff were kind and caring towards people at the service and people did not experience discrimination from staff. People's information was kept private and confidential and people's privacy and dignity was maintained.

People's care plans were not always personalised but the registered manager sent us information to show they had updated this to make them more personal. People were supported by staff who were aware and responded to their needs at all times.

People's cultural and religious needs were respected.

People were not afraid to make complaints and received support to do this. People told us where they had made a complaint they received outcomes they were satisfied with.

The registered manger failed to send statutory notifications of incidents to the CQC without delay as required by law.

People, staff and health professionals liked the registered manager and found them approachable.

The service performed a number of audits to check the quality of care.

We made two recommendations and found two breaches of the regulations. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were not robust and did not always clearly state how to mitigate against risk.

Recruitment was carried out safely.

People were safeguarded from the risk of abuse and staff knew their responsibilities.

Medicines were safe overall but needed better recording in relation to missed medication and the time people took their medicine.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

The service was not always well led.

Notifications required by the CQC were not sent without delay.

People and staff spoke highly of management and their support.

The atmosphere in the service was warm and welcoming.

A range of audits to check the quality of the service were performed and the opinion of people, relatives, staff and health professionals was asked to help improve the service.

Leyton House

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 was planned to check 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 inspection took place on 9 and 10 August 2018 and was unannounced on the first day.

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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts received. Before the inspection, we used information the provider sent to us in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to six members of staff including a new support worker, the registered manager and deputy manager of the service. We spoke to a Community Psychiatric nurse, six people who used the service and two relatives. We observed care on both days of the inspection.

We viewed five support plans and associated risk assessments and five staff files. We also looked at five medicine records, minutes of meetings, policies and procedures associated with the service and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

People had risk assessments which covered the following, relapse of mental health, risk of fire, harm to others and where applicable inappropriate behaviour. For example, where there was a risk of fire, the service had been assessed by the fire brigade and people were issued with fire retardant bedding to protect them.

However, in certain risk assessments how to mitigate against risk was not always explained clearly. For example, where someone was at risk of displaying inappropriate behaviour the risk guideline was to develop practical strategies/ goals to overcome difficulties but there was no example of what this looked like so as not to trigger a negative outcome. As staff knew people well this did reduce the risk of harm and they gave us examples of what they did. However the records did not reflect the course of action to protect people from known risks if new staff were to join the service. In another example where there was a risk of infection due to a persons behaviour, there was no risk assessment completed at all. Therefore people were at risk of unsafe care.

This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave mixed reviews about feeling safe, one person said, "I feel safe to a certain degree, but the symptoms of my illness make me feel not safe." Another person said, "I am happy with everything. The staff treat me well and it is easy to talk to them. I feel safe and there is nothing to complain about." A third person said, "It is alright here. My bedroom is safe; most definitely. I can lock it, I have the key to go in and out and the environment is good."

Where people did not feel safe they told us the following, "I do not feel safe; for example, last time a patient fought and they had to call the police." Another person said, "There is violence and brutality here, I don't feel safe. The staff are not treating me well; there is constant persecution all the time; they laugh at me." We informed the registered manager of people not feeling safe and they advised some people due to their illness would always say they felt unsafe to external stakeholders.

A relative said, "I see my son often and he seems content. When we come there, the safety is alright." Another relative said, "It's a good place, oh yes [person] is kept safe."

We recommend that the service considers current guidance to ensure people feel safe at the service.

Staff explained how people were kept safe through observing them discreetly throughout the service so people did not feel they were being watched. Staff told us they had CCTV in the office to observe communal areas which we saw was operational. Another member of staff said, "People are kept safe here, because there is 24-hour staff presence. The boss knows every resident and once you know everyone, it is easy to support them." The registered manager told us and the policy confirmed that no drugs and alcohol were allowed on the premises and if they were found they would call the police. To maintain people's safety and wellbeing the service also performed random urine tests.

Staff kept people safe from abuse by understanding their safeguarding responsibilities and being trained in safeguarding adults. The service had a safeguarding and whistleblowing policy and staff could tell us what they would do if they suspected someone was at risk of abuse. One member of staff said, "I would make sure [person] was not in any imminent danger and would report my concern to the registered manager as they have the responsibility to look after people. If the manager did nothing I would go to the director, the local council, police or the CQC."

Records showed the service acted on allegations promptly and made sure people were comforted and made to feel safe while the matter was being investigated.

Staff had also received training in managing behaviour that challenged the service, they told us they did not use restraint in the service. To calm a situation a member of staff said, "If someone is having a problem, I sit them down, talk to them in a clam way, offer a cup of tea, ask about what issue is happening." Staff also understood the care people needed to keep them safe and we observed them paying more attention to people who needed more monitoring due to their complex needs and behaviours.

Medicines at the service was overall kept safe. We identified one error due to incorrect recording of medication on the medication administration record (MAR) and the registered manager held supervision with the staff member in question to ensure they understood how to record medicines. Staff received training in safe medicine administration and they told us they performed safety checks before administering such as, checking the medication and the person's name.

People told us they knew the type of medicine they were given and why. They also told us they received their medicine on time and were advised whenever there is a change to their medicine. Records showed that people received their depot injections on time. One person said, Staff give it [medicine] to me at the same time; 11am and 8pm." Another person said, "They write my appointments in the diary, and tell me first thing in the morning when I go to take my medication. Every day, they talk to us about our medication."

The service stored people's medicine safely in a locked cupboard and where applicable at the right temperature. People at the service who self-medicated were supported to do this by following a series of stages to ensure they were safe to do so independently. This meant staff encouraged positive risk taking and people's independence. One person who self-medicated said, "I am self-medicated, I am far ahead with my recovery. I have a blister pack in my room, they come to check randomly whether I have taken them. It gives me a state of liberty." Another person said, I know the medication I am taking, I know what they are for. I am taking for example medication for high blood pressure and insulin for diabetes. I take medication in front of them, and they tell me whenever there is a change."

We reviewed stocks of medicine to check they had been administered correctly. We noted where people were taking a number of different medications during the day there was no time recorded to check when they had taken the medicine to ensure there were sufficient gaps between doses. The registered manager sent us an updated MAR chart to show that they now recorded the time.
Pro re nata (PRN) was medicine given to people as and when they required it. The service had appropriate PRN protocols in place explaining when this medicine should be administered. However, we noted that PRN protocols no longer needed were still in people's medicine folder.
We recommend the service follows best practice on medicine management.

The service had a locked COSHH cupboard where it also contained personal protective equipment. To protect people while also encouraging independence staff required people to come and ask for certain cleaning products when they needed them such as bleach. The service itself was observed to be clean

overall but there were areas where dust was found behind furniture. We identified kitchen chopping boards used to prepare food needed to be replaced as they posed a potential risk for food contamination. We raised this with the registered manager and they advised they would purchase new chopping boards, we received confirmation of this after the inspection. People at the service said, "The staff clean the kitchen twice a day, morning and evening. It is very clean all the time."

The registered manager advised there was three staff on duty during the day which included the registered and deputy manager and two at night. There was always a member of staff for people to speak to if they needed and people were seen to speak with staff in communal areas or in the office. We viewed staff rotas for the last three months and saw that shifts were covered where there were absences. A member of staff said, "We have extra people such as bank and agency during absences."

Staff knew how to respond in an emergency and told us they could call the 'on call' manager or any one of their directors for support. In the event of the service becoming inactive due to an emergency the provider had alternative premises where people could move into.

Accidents and incidents were recorded and investigated with information on how to prevent the occurrence from happening again which meant the service was learning from past incidents to keep people safe.
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Good

Is the service effective?

Our findings

People told us staff were well trained to do the job and had the skills needed to meet their needs. One person said, "The staff are well trained, they understand the patients, showing tolerance, being firm when needed."

A member of staff who had worked at the service for some years said the induction they received was good and the manager explained everything whenever they needed more understanding. On the first day of the inspection the service was inducting a new member of staff to the service who commented on how good the induction had been so far.

Staff working at the service had vocational qualifications in health and social care. Records confirmed staff received mandatory training in challenging behaviour, health and safety, first aid, fire training, infection control, nutrition and diet, mental capacity, medicines, safeguarding and deprivation of liberty safeguards. The majority of staff had completed additional courses in person centred care and equality and diversity.

Staff felt supported in their role and records showed they received regular supervision with the manager. One staff member stated that they have supervision and an annual appraisal. They told us during supervision, they discussed training, annual leave, work improvement, improvement of the house such as maintenance; people's needs and any other business. This showed that staff received training to do their job and were given an opportunity to discuss with their manager what was going well in their role. This showed that staff were supported in their role to meet people's needs and received effective training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.
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).

There was no one at the service who had their liberty deprived. People at the service had capacity and staff at the service advised they encouraged people to make their own decisions. A member of staff said, "We give them the choice." The registered manager said, "They make their own decisions, they have capacity. They may not make the right decision but it's their decision."

People who joined the service had an initial assessment of needs which looked at what the person wanted to achieve to stay healthy, their physical, mental and social needs. The assessment was carried out in a way to facilitate people being able to live an independent life. For example, people's assessments included being able to attend a photography course and the service supported people to do this. In another plan the service supported people to maintain good mental health by ensuring they attended their weekly depot injection. The person was able to attend their appointment independently and the service would call the clinic to ensure the person had attended.

People felt their needs were met and that staff were always available to help them live a healthy life. One person said, "Yes, every day they talk to us about our needs." Another person said, "Staff support me to do things I like. For example, they support me to do swimming for my health in general."

Staff told us they kept updated with people's changing needs and health by talking to them every day. For example, a member of staff said, "If they [person] needs a doctor's appointment, or a home visit for a week end, we arrange this with them and attend with them if they feel uncomfortable." Records confirmed that people's appointments were documented and they were visited by a number of health professionals. These included, doctors, nurses, probation officers and care coordinators. We spoke to a Community Psychiatric Nurse on the first day of the inspection and they advised the service kept them informed and provided weekly feedback on the person's wellbeing.

Where people were internally transferred to the service we noted there had not been a reassessment of needs or review of their care. The person was known to the provider but not at the service. This meant the service did not assure themselves that they were able to meet the person's needs. We raised this with the registered manager and they completed an up to date review of care with the person.

We recommend the service follows guidance to ensure good transfer of care between services.

People were observed to cook independently. Staff said, "They [people] choose what to eat and cook for themselves." Staff advised no one at the service was on a special diet but they were supported to eat healthily to maintain a healthy weight. Where people had diabetes, they were encouraged to cook and eat healthy foods and people told us they were aware they should eat healthy to maintain good mental health. One person said, "I cook for myself, if I feel hungry. I have my own shopping. The kitchen facilities are ok. I choose my own food and like the quality of oil and bread they provide." Some people had their meals cooked for them or they chose to purchase food from outside of the service. Another person said, "I like the food given here. We eat peas, lasagne, spaghetti bolognaise, roast chicken and roast potatoes. The best I like is the roast chicken that we eat every Sunday, it is our community meal on Sunday."

The design of the service meant that there was sufficient space for people to take part in activities outside or sit inside one of the three lounges.

Good

Is the service caring?

Our findings

People told us the staff were kind to them at the service. One person said, "The staff are nice. They are polite to me." Another person said "I am happy with everything; the way staff treat me. It is easy to talk to them". A third person said, "They [staff] do not shout at me, they ask to go into our room and cool down." Relatives spoke positively about the caring nature of the staff. One relative said, "They [staff] are always ready to talk and [person] seems very happy there."

We observed kind interactions between people and staff at the service. For example, we saw staff, chatting and laughing together with people in communal areas and addressing different queries in the office. We also observed caring practices when staff responded to a person with behaviour that challenged the service. Whenever they had to talk to the person they were calm and friendly. Staff showed interest in what the person was saying and this was noticed through their body language as the person calmed down and the words staff used while interacting with that person.

People built good relationships with staff as staff took the time to listen to them and get to know them as individuals. The service operated a key working system to ensure people had a named member of staff they could directly discuss all aspects of their care with. However, this did not prevent people from speaking to any member of staff at the service. One member of staff said, "I key work with two people, sometimes three but anyone can speak to me."
Staff gave examples of how they had identified someone who was feeling a bit sad when they had not seen their family member and encouraged them to talk about it. The member of staff said, "I could see [person] was a down and asked them if they wanted to talk about it. This showed staff gave people time to speak about issues and that meant a lot to them.

People told us they felt listened to by staff at the service and when they needed help they were always supported. One person gave an example of how their shower was fixed promptly which made them happy. They said, "I feel listened to; they respond. For example, my shower was broken and I told them, within a day, it was replaced".

Staff at the service were empathetic to people's needs and the registered manager said, "We are here to support and reassure them [people who use the service], put ourselves into their shoes. Sometimes they have good days and have bad days." A member of staff gave an example of how they listened to people by supporting them to join the gym. The staff said, "There was a person who wanted to start going to the gym, I helped them to register and they are now happy whenever they exercise."

People enjoyed living at the service as they felt they had the freedom to live their life as they chose. One person said, "What I enjoy about living here is just not being in hospital. I got more freedom to go out, to visit my family, to go to cinema. I can smoke." Another person said, "I feel very comfortable while I am here. For example, I started dreaming when I came here. I take medication and have a good night rest".

People's privacy and dignity was respected at the service. One person said, "When they come into my room,

they knock at the door first. No one comes in my room unnecessarily. They do not invade your privacy. If the fire alarm goes off, they know which room to go to". Another person said, "I am happy with my room. I can lock it".

People could have private time in their rooms with people they cared about and staff respected this. One member of staff said, "We maintain privacy and dignity for people here by not interfering with their normal life, by avoiding intrusion for example when their friends come to visit them. We also follow related rules and regulations in place as well."

Staff maintained people's confidentiality and explained that they did not discuss their information outside of the service. One person said, "The staff talk through my care plan, and everything discussed is confidential. We do get on really well. Here it is a VIP treatment; it's an independent life." A member of staff said, "People's confidentiality is kept at all times. For example, each resident's information is not shared among other residents (i.e. their illness or medication). Personal information is private." This meant that the service understood the implications of data protection.

Staff understood about respecting each person's diversity and not discriminating against people living at the service. The service respected people's religious beliefs and advised people where places of worship were located if they wanted to attend. Staff received training in equality and diversity and embracing culture. The registered manager told us that while they had no one who identified as lesbian, gay, bi-sexual or transgender living at the service, this would not make a difference as everyone should be treated with kindness and respect.

Good

Is the service responsive?

Our findings

People's care plans were reviewed every six months during care plan reviews and during sessions with their key worker. Staff also told us they constantly assessed people's needs and risks and raised any concerns about people's care during staff handovers. Staff told us people's care was designed to help them become more confident and independent.
Individual care plans were updated following an incident, this reflected what had happened and the current position in relation to people's care. However, care plans were not always personalised and focused heavily on people's history in relation to their health. There was information about family life and jobs people may have held previously but people's goals were not always clear. We also noted matters that were constantly discussed in people's reviews were not embedded in their care plan. For example, personal care was not set as a support need for some people who required it. We informed the registered manager of this and they sent us information to show they had updated care plans to make them more personalised to include this information.

People knew they had a care plan and what it was for and records confirmed people had regular meetings with their key worker. One person said, "I have a care plan, and every two to six months we have a review. My key worker and I have one-to-one and write what my needs are and how I feel. We do a care plan regularly. We get on very well with the staff here. We talk about my goals, my plans to do whatever I want to do". Another person said, "Yes, I have a care plan. A copy is kept in the office". A third person said, "I feel free to tell them [staff] what I think and how I feel during one- to- one."

Staff knew some people had relationships that meant a lot to them and they could tell us who they were, however, this was not always recorded in the care plan. The registered manager told us, "[Person] has a girlfriend and will talk to staff about her." Another member of staff said, "[Person] visits their family and their family come to visit during visiting hours."

The service encouraged open communication with people so they could discuss their care and any concerns people may have. Meetings took place but were not compulsory. One person said, "We have a community meeting once a month and I attend. We discuss for example habits of people; such as spitting, generally keeping tidy, self-hygiene as it is not fair on others who are clean." Another person said, "We have a meeting whenever we have to. We sit in the designated area but we also see staff every morning and talk to them."

People were aware of how to raise complaints and one person commented included, "I know the procedure to make a complaint. I made one once and I was happy with the way it was dealt with." People showed us where the complaints procedure was kept and they were supported to take the telephone number if they wanted to raise an issue. One person said, "I am able to tell the staff if there is something I do not like" and "There is nothing to complain about and it is easy to talk to them [staff]".

People took part in a number of activities of their choice with the support of staff. People told us they were supported with swimming, attending college and using the computer. One person said, "I do my own stuff;

music, weight lifting, cook, clean and shopping online." Another person said, "The manager is helpful. For instance, they take us to cinema and they go with us". The service held parties at the house which included people's birthdays to promote social inclusion and they also planned an annual trip away which people told us they were looking forward to.

The service did not have anyone who required end of life care and the registered manager told us staff at the service had not been trained in this area. The registered manager sent us confirmation after the inspection that they had enrolled staff on to the course titled death, dying and bereavement.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we noted three separate incidents that had not been submitted to the CQC without delay as legally required to do so. These included, an allegation of sexual abuse, injury to a person and an assault resulting in the police being called. We asked the registered manager why these had not been sent to us and we were advised it was an oversight, however, they had been investigated and the local safeguarding authority informed. The registered manager sent us retrospective notifications concerning these matters after the inspection.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People at the service knew who was in charge and spoke positively about management at the service. People told us the registered manager was really helpful, inclusive and really got involved with people at the service to help them with their recovery. One person said, "The manager is so lovely to every one of us. Even when we have an issue, we sit down and talk it through. [Registered Manger] is my keyworker." Another person said, "I am happy with the way the manager runs this home. I feel safe and I am happy the way the staff treat me". A third person told us they thought the manager was very good but that there should be two managers as they thought the registered manager had too many responsibilities with managing 15 people. Relatives spoke well of management with one saying, "He's very good."

The atmosphere in the service was calm and welcoming. Staff spoke of the atmosphere as being "brilliant", "relaxing" and "enjoyable". Staff told us they felt supported by management. One member of staff said, "The managers are very friendly, any issues, the manager helps, even the rota, he makes you happy. I get the right training, and have annual leave. We have a very good manager, there is no issue in the home."

The registered manager showed us they used a number of quality assurance systems to audit the quality of the service. Records confirmed spot checks were carried out monthly by another manager from the provider to check staff were on site and not asleep on their shift, dressed appropriately for their shift, knew who was on call in case of an emergency, cleanliness of the service and that the MAR charts were completed correctly. The service received an internal audit every six months and this checked that various aspects of the service and documents were up to date, such as people's care plans, one to one sessions, medication audits, health and safety checks completed, home environment checked, staff training and certificates and incidents were recorded. In addition to the above, the registered manager performed a self-assessment to ensure their service was providing a good quality of care to people. The assessment checked the following; safeguarding information on display via posters, medicines were dispensed correctly, activities were recorded, people's files correct, maintenance records and complaints were up to date.

The registered manager also met every six weeks with other managers to discuss best practice to improve the service, training, technology, ensuring referrals were processed and confirm the managers who would be on call and records confirmed this.

Records confirmed that people at the service were asked for their opinion during house meetings and within

the survey which was held every six months. This was another system used to monitor the quality of the service and showed that people had a say in how the service was run. People said, the service acted on feedback from the survey. One person said, "I always talk to staff, whether I have to say a negative or a positive thing". Another person said, "We use the questionnaire to raise concerns or give compliments."

The service also sent surveys to relatives, staff and healthcare professionals. Staff also told us that management asked them their views about how this home is run. One member of staff said, "I am always asked by the management in our daily staff meeting, in daily handover. We talk about anything, every day."

Comments from the health professional survey included; "I have been very impressed by the overall care and support provided for my client", "I have found all staff very helpful and especially in a crisis they act quickly and appropriately."

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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person must notify the commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in carrying on of a regulated activity. 18 (1) (2) (a) (iii), (e) and (f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way. The registered person must do all that is reasonably practicable to mitigate any such risks. 12 (1) (2) (b)