

Leyton House Community Care Ltd

Esna House

Inspection report

16 Etloe Road
Leyton
London
E10 7BT

Tel: 02085561611
Website: www.lhcc.co

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 August 2016 and was unannounced. This was the first inspection of this service since it was registered with the Care Quality Commission. The service is registered to provide accommodation and support with personal care to a maximum of five adults with mental health needs. The service only provides support to females. Two people were using the service at the time of our inspection.

The service had a registered manager in place. However, they did not have responsibility for the day to day running of the service. The registered manager was employed as a manager at another service run by this provider. There was an acting manager in place who had day to day management responsibility for the service. 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 had appropriate safeguarding procedures in place which staff understood. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place. Medicines were stored, administered and recorded safely.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy.

People's needs were assessed before they moved into the service. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff told us they found the senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Good ●

Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. No one living at the service was subject to a DoLS authorisation and people were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

Good ●

Is the service caring?

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way. Staff demonstrated a good understanding of people's communication needs.

The service promoted people's dignity, privacy and independence and supported people with equality and diversity needs.

Good ●

Is the service responsive?

The service was effective. People's needs were assessed prior to them moving in to determine if the home was able to meet

Good ●

people's needs. Care plans were in place which were subject to review.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

The service was well-led. People and staff told us they found the senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and other stakeholders.

Good ●

Esna 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 19 August 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, statutory notifications the provider had sent us and details of any safeguarding allegations. We contacted the local authority to seek their views about the service.

During the inspection we spoke with two people that used the service and one person that was on a transition period with a view to moving in on a permanent basis. We spoke with four staff. This included the acting manager, the deputy manager, the finance manager for the provider and a member of staff that worked at another service run by this provider. We observed how staff interacted with people. We looked at two sets of records relating to people including care plans and risk assessments. We viewed staff recruitment and supervision records for four staff and training records for all staff. We looked at medicines records for two people. We examined quality assurance and monitoring systems at the service along with various policies and procedures, including complaints and safeguarding adults procedures.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I don't feel in in danger, I feel safe around here." Another person said, "When I come in from going out I feel safe here."

The service had a safeguarding adult's policy and procedure in place. This made clear their responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. Records showed safeguarding allegations had been dealt with appropriately. Staff were aware of their responsibility for reporting any safeguarding concerns. One staff member said, "Definitely I would report it to my manager. If they did nothing about it I would report it to my director." Contact details of the host local authority safeguarding adult's team were on display within the service and staff were aware of where to locate these details. The service also had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate.

People told us that either they managed their own money or it was managed by the local authority by virtue of a court order. The home did not hold or manage any money on behalf of people which reduced the risk of financial abuse occurring.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. Risk assessment covered mental health relapse, self-harm, suicide, aggression violence and absconding. Risk assessments included information about factors that precipitated a risk, indicators that a risk may occur and risk management guidelines. Risk assessments were personalised around the individual risks people faced. For example, the risk assessment for one person included personalised information about indicators of a relapse, such as, "Counting out loud and talking to themselves." The risk assessment about food and cooking for another person stated, "[Person that used the service] is in a hurry to cook their food and they sometimes do not wait for meat or poultry to cook properly."

The acting manager told us the service did not use any physical restraint when working with people. The policy on restraint said it was to be used if required but the finance manager said it was a provider wide policy and restraint was not required at Esna House. Staff told us if people exhibited behaviours that challenged the service they were able to support them by talking with people and giving them space and time to calm down.

People told us there were enough staff to meet their needs. One person said, "They are here 24-hours so I can talk to them anytime. There are people [staff] around me and I can go and talk if I need support." Staff told us there were enough staff working at the service and that they had time to carry out all their required work duties. One staff replied, "Yes we do" when asked if they thought there were enough staff working at the service to meet people's needs.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they commenced working at the service. These included criminal record checks, employment references, proof of identification and proof of eligibility to

work in the UK where required. This meant the service had taken steps to ensure staff working at the service were suitable to do so.

The home supported people with their medication with people's consent. One person said staff looked after their medicines which was what they wanted because, "That is safe for me."

Medicines were stored securely in a designated and locked medicines cabinet located in the office. Most medicines were kept in blister packs which reduced the risk of errors occurring with the administration of medicines. Records were maintained of medicines entering the home and of those that were returned to the pharmacist because they were no longer required. This meant the service was able to audit the quantities of medicines held in stock. We checked the quantities of medicines held in stock and found they tallied with the amounts recorded as being in stock. Medicine administration record charts were in place to record each time a person was administered medicine. We checked these for a six week period leading up to the date of our inspection and found these were completed accurately and were up to date.

Is the service effective?

Our findings

Staff told us and records confirmed that they had regular training. This included training about infection control, DoLS and MCA, safeguarding adults, medicines administration, fire safety, first aid and food hygiene. The deputy manager told us that staff were sent an email alert to inform them when any training was due. A training matrix showed what training staff had undertaken and when they were next due to have refresher training in the subject. This showed the service was almost up to date with staff training. New staff were expected to complete the care Certificate as part of their induction programme. The care Certificate is a training programme designed for staff that are new to working in a caring environment.

Staff told us they received regular one to one supervision from a senior member of staff. One member of staff said, "It [supervision] is every two months. We discuss if there are any difficulties or if there are any personal issues. It's very helpful, we can discuss anything. We see our weaknesses and strengths and see if we need more training." Another member of staff said, "I have supervision every two months, but if there is an issue I want to discuss I don't have to wait two months." Records showed that issues of performance were addressed during supervision, for example, if a staff member was not completing all the tasks required of them during a shift. Supervision was also used as a learning opportunity with discussions about safeguarding and DoLS.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The acting manager told us that no one using the service was subject to a DoLS authorisation at the time of our inspection. People confirmed this. They said there were no restrictions on their freedom imposed by the service and that they were free to come and go as they pleased from the service without staff support. One person said, "You have your freedom. They prefer it if you say to them I am going out but you can go." One person said they had a key to their front door and another person told us they had lost their key but the service was arranging for them to get a replacement. We observed during our inspection that people were free to leave the premises as they wished.

Staff told us that people had capacity to make decisions about their daily lives and that they did not require mental capacity assessments to be carried out. People we spoke with confirmed they were able to make decisions about their care and support.

Each person was given a weekly budget by the service for their food shopping. This meant people were able

to choose the foods they wanted. It also helped to develop people's independent living skills in regard to budgeting and shopping. One person said, "I do my own shopping, I buy whatever I want to do my own cooking." They told us they mostly cooked independently but added staff provided help if required, telling us, "They help me with cooking if I want a home cooked meal." The same person said, "We have a communal meal on a Sunday but otherwise we do our own food."

In addition to the food people bought themselves from their budget, the service also provided people with some food staples. This included bread, rice, milk, cooking oil, potatoes and onions. These were stored in a locked cupboard along with toilet rolls that were provided by the service. Staff told us that if people wanted access to the basic food supplies or toilet rolls they had to ask staff to unlock the cupboard for them. Staff told us there was no reason related to people's support needs why these items were kept locked. We recommend that items belong to people are not kept locked away without good reason.

Care plans included information about supporting people to eat healthy, balanced diets and people we spoke with confirmed that staff provided support with this. One person said, "They give advice about healthy eating."

People told us they had access to health care professionals as appropriate and records confirmed this. One person said, "They [staff] make the appointments and remind me. Sometimes I go on my own and sometimes staff come with me, which I don't mind." Records showed people were involved with various care professionals including GP's, psychiatrists, dentists and opticians. A professional was visiting the service on the day of our inspection to provide support to a person.

Care plans included information about how to support people with their health care needs in a personalised manner. For example, the care plan for one person provided information about how to support them with managing diabetes, stating, "Encourage [person who used the service] to look and report to staff for sores and cuts that do not heal, puffiness or swelling and skin that feels hot to the touch, especially around the foot area." We noted that the risk assessment for this person that was dated November 2015 said they should see a podiatrist at least annually. After the inspection the provider sent us information which showed the care plan was inaccurate and the person did not need to see a podiatrist at least annually.

Is the service caring?

Our findings

People made positive comments about the staff and how staff interacted with them. When asked if staff were respectful one person replied, "Yes they are, they are never rude." Another person described the staff as, "Helpful, friendly, hardworking and trustful." People said they were able to make decisions for themselves about their daily lives. One person said, "It's up to you [what time to go to bed and get up]." The same person said, "I go and purchase what I want, of course I choose my own clothes." Staff told us they promoted people's independence by supporting them to make choices. One staff member said, "We respect their choices, what they buy, what they eat, what they want to watch [on television]."

People told us their privacy was respected by staff. Each person had their own bedroom with ensuite shower, hand basin and toilet which promoted their privacy. People told us privacy in their rooms was maintained. One person said, "The [staff] only come in [to bedroom] with my permission." People told us they liked their bedrooms and they were decorated to their personal tastes. One person showed us their bedroom and we saw it contained their own personal possessions such as computers and music systems.

We saw that staff interacted with people in a respectful and polite manner. People were at ease and relaxed in the company of staff. People were seen chatting with staff and support was offered by staff where required. Where people wished to be left on their own staff were seen to respect that.

We observed during our inspection people had their own phones and they were seen to make and receive calls as they chose which promoted their privacy and independence. People had signed consent forms to agree to personal information about them being shared with people they named on the consent form. This helped to promote people's confidentiality and privacy.

The deputy manager told us people did not require any support with personal care. However, they told us that at times they encouraged and promoted people to attend to their personal care, which was in line with information included in care plans. The service was for females only and only female staff were employed. The acting manager told us that some service users were more comfortable working with female staff.

Staff explained how people were supported with needs relating to equality and diversity issues. They said people were supported to visit places of worship and to watch religious television programmes. People were able to choose their own food which included food that reflected their cultural background. People were supported to develop relationships and one person told us they had a partner.

Is the service responsive?

Our findings

Care plans were in place which set out how to meet people's needs. Care plans were completed on a standard pro-forma devised by the provider which covered mandatory topics for each person. These topics included psychological/mental health, physical health, activities of daily living, social contacts, substance misuse, finance, religious, cultural and spiritual needs. Care plans were broken down into three sections. The first set out the identified need, the second the goal/outcome to be achieved and the third section included details of the action plan/interventions required to achieve the desired outcome.

One person told us they had read their care plans and there was something in it they did not agree with. They said they understood that was the staff view but they said they would have liked a section in the care plan for them to record their view about the issue. However, we saw that overall care plans did reflect people's views and people were able to participate in developing and reviewing their care plans.

People told us they had been involved in developing their care plans. One person said, "In the beginning they talked to me about what I want for the future."

The acting manager said two staff carried out an assessment after receiving an initial referral. This was to determine if the service was suitable to meet the person's needs. The assessment included discussions with the person and their family where appropriate. It also included talking with professionals involved in the person's care to get a full picture of their care and support needs. We saw assessments had been carried out for people which included detailed information about them and their needs, including details of their family background, psychiatric history and medical diagnosis.

After the initial assessment people went through a transitional period which included visits to the service. These gradually built up over time from the initial visit to just look around the service to visits of several days length. This meant the person was able to make an informed choice about whether or not they wanted to move in. One person was visiting the home at the time of our inspection who told us they liked the service and were looking forward to moving in on a permanent basis, telling us, "It's nice here."

The deputy manager told us and records confirmed that care plans and risk assessments were reviewed every six months or more frequently if there was a significant change to a person's needs. This meant care plans were able to reflect people's needs as they changed over time.

During our inspection we spoke with a visiting professional who was working with people that used the service. They told us they found the service to be responsive to people's needs. They said staff related well to people and supported them in a good manner. They told us the feedback from people was positive and that they had told the professional that staff were there to provide support when they were distressed, including during the night. They added that the service contacted them in a prompt manner when necessary.

The service supported people to take part in various activities. One person said, "I went to the cinema with them [staff]." Another person told us, "I am trying to get into a music class, the home is helping me, my

support worker."

People told us they knew how to make a complaint and that the service responded to complaints appropriately. One person said, "If I tell them something they try to do better. They deal with complaints properly." Another person told us they had made a complaint about other people's behaviour, they said the staff, "talked to them" and they were happy with how the complaint was handled.

The service had a complaints procedure. This included timescales for dealing with complaints and details of whom people could contact if they were not satisfied with the response from the service. A copy of the complaints procedure was on display in the communal area of the home. Records showed that complaints had been dealt with in line with the procedure.

People's needs were assessed before they moved into the service. Care plans were in place which set out how to meet people's needs. The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Our findings

People told us they found senior staff to be helpful. One person said of the acting manager, "She is approachable, down to earth." Another person said, "I get on with [acting manager] all right."

The service had a registered manager in place. However, they were not in day to day control of the management of the home and were not involved with this inspection. Staff said that the registered manager was the manager of another service run by the same provider and they had little involvement with Esna House. We discussed this with the finance manager who said they would raise this issue with the two company directors. The home was managed by another senior staff member working for the provider and there was a deputy manager in place.

Staff spoke positively about the senior staff. The acting manager said of the senior staff in the organisation, "They are very supportive here. I get the full support from them." Another member of staff said of the acting manager, "She has lots of experience and we get loads of help from her. She is very supportive. We can call her anytime, evenings and weekends." The service had an on-call system which meant support from a senior member of staff was always available. One staff member said, "We have an on-call system, any concern we can call." The on-call telephone number was on display in the office and staff knew where to find it.

People told us and records confirmed the service held regular service user meetings. This gave people the opportunity to have their say and express their views about the service. One person said, "We have service user meetings once a month. We talk about issues, activities we want to do, anything they are planning." Another person said of service user meetings, "[We] talk about not lending money to people and taking turns with cooking." Minutes of service user meetings showed they included discussions about activities, house rules and house work and maintenance issues

Staff told us the service held regular staff meetings. All staff were able to raise issues at these meetings. One staff member said, "Staff meetings we do every two months. If anyone wants to raise anything we write it on the agenda." Minutes of staff meeting showed they included discussions about training, issues relating to people that used the service, care planning and the Mental capacity Act 2005.

The service carried out a six monthly survey of people that used the service, staff and other stakeholders such as health and social care professionals. The most recent survey was completed in March 2016. We viewed completed survey forms which contained positive feedback. Comments from people about the staff included, "Very polite, helpful and easy to talk to" "Extremely caring, very considerate and a great cook" and "{Staff member} is helpful, she attends to me."

A three monthly audit of staff files was carried out by an employee of the provider that did not work at Esna House. The most recent audit from July 2016 identified that some care plans and risk assessments were due for review and we found these reviews had subsequently taken place. Another three monthly audit was carried out that checked complaints, health and safety records, medicines, training and the physical environment. In addition the provider carried out an annual management review. The most recent was

completed in January 2016 which found that staff were not all completing the Care Certificate. We found this issue had subsequently been addressed. This meant systems were in place to monitor and improve the quality of service and support provided.