

Leyton House Community Care Ltd

Leyton House

Inspection report

117 High Road
Leyton
London
Essex
E15 2DE

Tel: 02038591882
Website: www.lhcc.co

Date of inspection visit:
16 March 2016
18 March 2016

Date of publication:
04 May 2016

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

The inspection took place on the 16 and 18 March 2016 and was unannounced on the first day.

Leyton House provides accommodation and 24 hour support for up to 15 people with mental health conditions. At the time of our inspection 13 people were using the service. Each room had en-suite facilities with either a shower and/or bath with toilet. The service was split over three houses which were all joined together. There were three kitchens and three living rooms in each home.

There was a registered manager at 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 kept people safe by following robust recruitment and selection processes. Staff had to complete an interview and provide references and complete a disclosure and barring service check to check their suitability to work with people.

People's medicines were managed safely and received their medicine on time. The manager of the service carried out an audit of medicines to check for errors and to check that the medicines were being administered correctly.

Staff understood their responsibilities under safeguarding and the importance of keeping people safe. This was discussed in supervision and in meetings. People had residents meetings discussing safeguarding and they knew how to raise concerns. People we spoke to told us how staff kept them safe by advising them not to answer the main front door to people they did not know.

A detailed induction was provided to new staff that lasted three months and staff stated they felt it gave them the confidence to do well in the role. People, their relatives and local commissioners spoke highly of the staff. One probation officer said "Staff have the ability as they keep things very calm."

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs). People had capacity in the service and nobody was restricted under DoLs.

Staff were supported by the service through regular supervision and received an annual appraisal. Training was provided regularly by the service and staff said they completed this online.

The service monitored people's health and diet. People were supported to attend health appointments and

this was evidenced in people's files that they had visited opticians, dentists, chiropodist, dietician, diabetic nurse and GP. Records showed that there was regular communication with health professionals and people's health teams.

Records showed us that complaints and comments were listened to and action taken. People told us if they needed to they were confident to approach the manager and raise a complaint.

Staff were observed to be caring and people were seen speaking to staff and staff taking the time to respond in a kind manner.

Care plans and risk assessments were personalised and were regularly reviewed every three months. The service had detailed care files covering all aspects of people's care needs and staff told us they had time to understand how to support people.

The registered manager had a robust quality assurance process included a self-assessment process and were also checked by the provider and the local authority.

People, staff and relatives were asked to provide feedback. Surveys we viewed had positive responses.

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.

Staff demonstrated understanding on how to protect people from abuse and how to escalate concerns further.

People's medicines were managed safely.

Staff were recruited safely and the service followed a strict recruitment policy to ensure people were safe to work with people by carrying out pre employment checks.

The service checked the safety of the premises daily.

Is the service effective?

Good ●

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People's nutritional needs were met.

Staff understood how to support people who lacked capacity to make decisions.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity.

Staff and the registered manager were observed being kind and patient with people.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People knew and were supported to raise complaints that were responded to.

People were supported to engage in activities of their choosing.

Is the service well-led?

The service was well led.

Staff told us the service was well managed and they were supported in their role.

Staff spoke positively about the registered manager and said they were happy working at the service.

The provider had systems in place to monitor the quality of the service.

Good ●

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.

The inspection took place on 16 and 18 March and was unannounced on the first day.

The inspection team included two inspectors and a specialist advisor with a background in mental health.

Before the inspection, the provider completed a 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 reviewed the information we held about the service and looked at notifications received. We also spoke to the local borough contracts and commissioning teams and two social care professionals on the second day of the inspection.

We spoke to eight people who used the service. We also spoke with six members of staff, the registered manager one of the directors of the service and three relatives. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We looked at medicine administration records, 10 care files and six staff files. Policies and procedures were also reviewed during the inspection.

Is the service safe?

Our findings

People told us they felt safe in the service. One person said, "I feel secure as I can lock my door." Another person said, "Yeah, I feel safe here, the staff always help you."

We saw that all the rooms could be locked and people told us they held their own key. We saw that the service was using CCTV to monitor who was arriving outside. This meant that staff could see who was coming to the service to keep people secure in the service.

Training records confirmed staff had received safeguarding and whistleblowing training. Safeguarding policies and procedures were posted on the notice board in all three houses and people and staff told us that safeguarding was always discussed in meetings.

One person told us how staff told them of the importance of not opening the front door to people they did not know as this could be a risk to their safety.

All the staff we spoke to were able to explain how they would safeguard people if they suspected abuse by speaking to them and observing any change in behaviour or physical appearance. Staff told us they would escalate suspected abuse to the registered manager. Staff said if they had concerns the matter was not being taken seriously they would inform the directors of the service or approach the local authority, Care Quality Commission and the Police. The service had reported safeguarding matters to the CQC and to the local authority promptly.

Staff and management told us they did not use restraint. We saw that staff had received training in this area but staff told us if someone did display behaviour that challenged they would move people away into another area in the service and call the police.

People's freedoms were protected and risk managed so that people were kept safe. Risk assessments identified risks and had clear guidelines on how people should be supported. A member of staff told us how they had given advice to someone on how to keep safe when they wanted to go out in the evening to a nightclub by telling them if they felt anxious they should walk away and come back to the service. The member of staff explained to us how the person had then told them how they had followed their advice and came home when they felt that way. This showed how staff gave information to people on risks but how they could be supported to do things they enjoyed.

Staff told us how they would respond if an accident or emergency happened. The registered manager showed us where they recorded incidents and we could see that action had been taken whether it be to call an ambulance or take people to see a health professional. The registered manager said they responded quickly if someone felt unwell and they booked an appointment at their local GP for people.

The service had enough staff to support people. Staff rotas showed that shifts were covered and the registered manager explained to us that if they needed extra staff they did not have to use agency as they

had a bank of staff who could be contacted. The registered manager told us that during the day there were three members of staff on duty including two support workers and the manager and in the evening there were two waking staff and an on-call manager. People told us they could always find a member of staff to talk to and staff said there were enough staff to keep people safe in the service.

Staff were recruited safely. We reviewed the recruitment policy and procedure and found the service had followed this to ensure staff were suitably qualified and safe to work with people. Staff were required to complete pre-employment checks including a Disclosure and Barring Service (DBS) check and these were present on staff personnel files. The DBS is a national agency that holds information about criminal records.

Medicines were administered, stored and disposed of safely. The registered manager carried out an audit of medicines which we saw. This checked the stock balance of medicines, the start and end date of medicines and that PRN (as required) medicine had been signed for correctly. Staff had been trained in the safe administration of medicines and told us the procedure they followed when people were to receive their medicines, such as checking that it was the correct person, right medicine and correct dosage.

One person in the service self-administered under the supervision of staff and their care plan and risk assessment reflected this and staff supported them to take the medicines on time.

Staff told us they could not force people to take the medication but they actively encouraged people by explaining the benefits of taking and the risks of not taking their medicine. The registered manager told us where people refused to take the medicine they would record it on the Medicine Administration Record and inform people's clinical team.

People who received depot injections were receiving them on time and when they were next due was recorded in their appointment records.

The risk of infection was minimised as staff told us they wore protective clothing which included gloves, aprons and masks and we saw the service had a supply of protective clothing. The service was kept clean and tidy jointly with staff and people using the service. The manager showed us the cleaning checklist used by staff for areas to be cleaned and all cleaning materials were kept locked.

Records showed that the registered manager completed a fire risk assessment and equipment check and fire drills were completed and recorded people's compliance and time taken to evacuate the service. Further comments recorded on the fire drill advised people on the benefits of evacuating the building in quick time for the safety. Other checks included checking the communal fridge and freezer, water temperatures and daily health and safety checks which included checking for odour, operation of fire doors and people's room doors.

Is the service effective?

Our findings

People and their relatives told us the staff were good at their job. Local commissioners also told us that the service and staff provided very good care.

Staff recruited had received an induction that lasted three months. One member of staff said "I felt well equipped to do my role, my induction lasted three months." We saw the induction pack that new staff received and the registered manager told us staff received a mentor to support them in their learning. Training completed included basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, health and safety, fire safety, safeguarding adults, medicines, manual handling, challenging behaviour and first aid.

Staff were given the opportunity to complete other qualifications. One member of staff told us they were about to recommence their level three national vocational qualification (NVQ) in health and social care.

Staff and the registered manager told us they received an annual appraisal and supervision every two months which covered how the job was going and further training that was needed. One member of staff said, "Yes I always get my supervision every two months with the manager." Staff who worked during the night also received supervision and this was completed by a senior support worker.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the MCA, and the Deprivation of Liberty Safeguards, (DoLS). The registered manager knew how to make an application under DoLS. People currently living at the home were not under any restrictions. Consent was sought and people gave permission to share information and their photograph evidence of this was seen in people's care files.

Independence was encouraged and care plans we looked at showed people were supported to cook their own meals. In each of the kitchens there was a healthy eating food chart with guidance on food that was good for people's mental health. People told us they cooked their own food. One person told us they were not able to cook before moving to the service but now they made some meals.

People were given a weekly budget to buy food and people told us they went to the local supermarket or shops to buy meat and vegetables or ready meals. We saw one person prepare their lunch in the service and

other people who went to buy take away food.

Staff told us they encouraged people to eat healthily but it was their choice what they ate. One member of staff said "Sometimes when I cook for people I add healthy ingredients to show them how it can be added to food and people tell me it tastes nice." Staff told us they cooked a Sunday lunch for people in the service. People who attended told us they enjoyed this lunch.

Where people were monitored for food intake for health reasons such as diabetes this was recorded and staff would ask people what they had eaten or they would observe them. Staff told us they worked with people in their one to one sessions to explain the risks of eating unhealthy food and offer alternative ways of cooking the food so that it was healthy. The service also monitored people's weight and blood sugar levels and the registered manager of the service showed us that they had the facilities to do this.

People's health appointments were all documented in a diary and records showed staff documented the outcome of those appointments in peoples care files. People were reminded when their next appointments were by staff. People we spoke to confirmed this as they told us about appointments they had attended and upcoming appointments with health professionals. Comments included, "Staff make sure I get to my appointments" and "Sometimes the Chiropodist visits me here."

The registered manager and staff all felt that the links with the local community mental health team were positive and the manager confirmed that a requirement of residing at the service was for each person to have a named care co-ordinator from the local mental health team, even if they had been placed by a different Health Trust or Local Authority. This ensured people had access to quick support within their local setting. Local commissioners told us how effective the service was for people. One commissioner said, "Leyton House always keep us well informed if there is a change in someone's presentation or behaviour."

Is the service caring?

Our findings

People told us they liked the staff and that they were kind towards them.

We asked people if the staff were caring and they said "Yes" and "[Staff] helps me." Relatives also told us that the staff and registered manager were very caring. One relative said "The staff are kind and when [person who used the service] cut himself staff helped."

The registered manager told us, "Whenever anyone is in need I'm there for them." We observed people speaking to the manager in private and where people had a question or something they wanted to discuss the manager would take the time to address their concerns.

The registered manager told us and records confirmed how they had supported someone to travel abroad for a private event which meant a lot to the person. The registered manager told us they worked with the person's health professionals and had meetings to ensure the person would be safe and the person was able to travel which made them very happy.

Staff spoke warmly about the people in the service and told us that everyone was different. One member staff said when they cook they knew people's preferences so would try to cater to everyone's needs.

Staff told us through helping people cook meals they liked that they were caring for people living in the service. One member of staff said, "I help cook meals with them [people] and they say thank you." Another member of staff said "They [people] like it when I cook my shepherd's pie."

The service used a key worker system for people to receive dedicated support. People told us that they had two key workers and they told us that it was good as if one of their key workers was on holiday or absent they had someone they knew as a backup to talk to. People in the service valued the key worker sessions. One person said, "They [sessions] are useful. The key worker makes me laugh."

People's privacy and dignity was respected and people told us that staff would always knock on their bedroom door before entering. Each person had an en-suite bathroom which further promoted people's privacy as they did not have to share bathroom facilities. The service had three lounges and people told us there was enough space and there was always somewhere to relax.

People's religious beliefs were respected and people were supported to maintain their faith. In people's care records it stated how the service had tried to find places of worship that people liked to attend.

The policy on equality and diversity stated and staff and the registered manager told us that they do not discriminate against anyone in the service. Staff told us people were supported to express themselves.

People were encouraged and supported to maintain personal relationships outside of the service and have

their friends or partners visit them. Two relatives told us they visited the service and that staff were always very welcoming. The registered manager told us how they hold social events throughout the year and the last one at the festive season where relatives could attend. People also told us about upcoming trips that they were looking forward to attending where they were able to meet people from the providers other services.

Is the service responsive?

Our findings

The service provided people with care that responded to their needs. People's relatives and external stakeholders also felt that the service was very responsive to people within the service.

We spoke to two social care professionals during the inspection. One social care professional told us, "Staff have really got to grips with meeting people's needs." The same social care professional said, "Staff always ask is there anything else we can do."

The registered manager told us they visited people in their previous setting to complete a care plan and to get to know the person. Records showed that once people had completed their trial period within the service, a care plan and risk assessment was completed by the service.

The service provided people with care that responded to their needs. People's relatives and external stakeholders also felt that the service was very responsive to people within the service.

We spoke to two social care professionals during the inspection. One social care professional told us, "Staff have really got to grips with meeting people's needs." The same social care professional said, "Staff always ask is there anything else we can do."

The registered manager told us they visited people in their previous setting to complete a care plan and to get to know the person. Records showed that once people had completed their trial period within the service, a care plan and risk assessment was completed by the service.

Care plans provided people's personal and social histories, people's diagnosis and signs to look out for should people's mental health deteriorate. Care plans and risk assessments were individual and tailored to meet people's individual needs. This was done as the service supported people in the following areas of their lives such as psychological and mental health, substance misuse, physical health, daily living skills, finance, employment, religious/cultural/spiritual, and social contacts. The service identified how to support people in managing their aggression and provided detailed management plans on what to observe and practical strategies such as asking people to retire to their room or to call the police if unmanageable. Staff told us that they reviewed people's care plans and risk assessments every three months and records confirmed this.

People were set individual goals to support their development and these were reviewed every three months. The service was also using the Wellness Recovery Action Plan. This action plan identifies people's level of dependence, needs and personal development in their mental health. This tool was used against a star rating where people could state where they had progressed to, or needed more support.

People were involved in their care plans and records showed that people had in depth one to one sessions with the qualified mental health staff from within the service to assess their mental health. People were also meeting regularly with their care co-ordinator and multi-disciplinary team. This supported people to receive

personalised support as the teams focused on devising coping strategies to prevent them from relapsing.

People were required to carry out random drugs testing and that was a condition of their placement. The service had a policy on how this should be managed and the steps to take should people refuse to be tested by the service. The registered manager explained that if people refused it would be recorded and they would try again. If people still refused they would have to inform the management team and ultimately people may have to return to hospital. The service carried this out to monitor people to check they had not relapsed into substance misuse.

We did note inconsistencies in two care plans we reviewed where people had been referred to by the opposite sex and reference was made to a behaviour we could not see previous evidence of. The service only provided care to males, the registered manager of the service was informed of these errors and this was rectified straight away.

People told us they did activities of their choosing. People's care plans showed the activities people liked. A couple of people liked to go to the gym and we observed people in the outside area talking to other people and listening to music. There was also a pool table in the service.

The service listened and acted on complaints promptly. People we spoke to told us they were comfortable in making complaints and that action would be taken. We saw records that showed the registered manager documented all complaints and recorded their actions in line with their policy and procedure. We observed one person approach the registered manager with their concerns as they wanted to raise a complaint and we saw evidence on our second day of inspecting that the matter had been resolved and the manager had recorded the complaint and the outcome documented.

Is the service well-led?

Our findings

People, their relatives, staff and external stakeholders spoke positively about the management of the service. One relative said "He [registered manager] is very approachable I can call anytime."

We spoke to two social care professionals and one of them said, "This is a fantastic setting, they support people's welfare and staff are professional."

People told us that they liked the registered manager and that he was always available. We observed people approach the registered manager and saw that they listened. Staff told us they could contact the registered manager with their concerns or for advice and if the manager was not there, there was always an on call manager or director who could be contacted.

People were regularly asked for their views on the service. This was done when new staff were recruited and people were asked to provide feedback on their performance and whether they liked them. People were also asked to complete an annual satisfaction survey, this included how they felt about the food and the support they received. People had commented they were "very satisfied" when we looked at the results from the previous year in December 2015. The registered manager had analysed the information in graph format to see any trends. The results showed that people were happy with the care provided.

The service held monthly residents meetings with people. Records showed topics at the meetings included healthy eating, cleaning of the service, upcoming activities and safeguarding. People told us the meetings were helpful and that things were done in response to these meetings. For example, one person told us how they wanted a garlic crusher to help with cooking and this was provided straight away.

Records showed that staff meetings were held every two months and staff told us if they were unable to attend the manager would always keep them informed on what was happening in the service.

A staff survey had been completed however there was no date as to when the data had been complete. We informed the registered manager and director of this and they ensured that this was amended going forward.

Staff were very complimentary about the management of the service and the registered manager. They also stated that the way the whole organisation was run was positive.

Quality assurance was robust and the service used a self – assessment process. The service was audited by the provider and received external auditing from the local authority. The registered manager showed us that they carried out audits of the service called a home self-assessment and this was completed every three to six months. This audit included checks that people's care files were checked to see information was up to date and that people were receiving one to ones with their key worker and that their assessments were completed as they should be. This audit ensured people were receiving the support they needed from the service. The registered manager also performed a medicines audit and health and safety checks within the

home self-assessment.