

Contract Performance Monitoring Form

for

Supported Living Services

Service Provider	Leyton House Community Centre Ltd
Service Type	Supported Living
Scheme Name:	Iman House
Scheme Address & Tel No.	56-64 Bushey Road, Plaistow, E13 9EN 02038 597 337
Name of Scheme Manager	Sanawaz Dilmahomed
Monitoring Date	11/02/2020
Contracts Officer's Name	Irin Chowdhury

1- General informat	ion						
Business owner	Leyton House Commu	inity Centre	Ltd				
Change of owner in the	No						
last 12 months?							
Date current ownership	2013						
took place							
Company registration	04199578						
number							
Business website	https://lhcc.co/support	<u>ed-living.ph</u>	<u>p</u>				
Landlord name	Owned by company						
Type of landlord							
Landlord contact details	Leyton House Commu	unity Centre	Ltd				
Newham Landlord	Individual flats						
Registration							
Type of tenancy (obtain	Licence agreement						
copy)							
Weekly rent	£195						
Weekly service charge	£10						
(obtain copy of	(Maintain flats and for	communal	spaces	i).			
breakdown)							
Unit information		Darla	LDN	0	041-		\
						Voids	
	Iman House				custom 5	iers	3
	Illian nouse	21		13	5		3
CQC Registered?	No						
Staffing level							
Day	Iman House	Duty Tin	ne	Staffing L	.evel		
Night (waking)	Monday – Friday	08.00-20		X2			
Pay rates		09.00-18		X2			
		08.00-17		1x w	k		
		20.00-08		X2			
	Saturday - Sunday	08.00-20		X2			
	20.00-08.15 X2						
		•			'		
Insurance					Expir	v date	
ilisurarioe					Lxpiii	y uaic	7
Public	£10,000,000 08/11/2020						
Employers	£10,000,000 08/11/2020)		
Malpractice	£5,000,000				08/11	/2020)
Professional indemnity							
Medical malpractice	£5,000,000 08/11/2020						
Other	Abuse £2,000,000				08/11		

2- Visit

Background/Outstanding Issues

Part of London Borough of Newham's Contract Monitoring cycle, to review Supported Living Services and all schemes supporting LBN funded customers.

3- Facilities Management

Check the general state of the building	Office located in the garden, upon a walk through; noted to be in good condition and clean.				
Check for building risk assessments	Risk Assessment Building RA (Compulsory) / Home Risk Assessment completed on a monthly basis. Fire RA (Compulsory) COSHH (Compulsory) Other				
Fire folder with Personal Emergency Evacuation Plan (PEEP) Fire evacuation plan Smoke alarm testing Signage Fire extinguishers	Fire folder Fire evacuation plan Smoke alarm testing Fire evacuation drills	evacuation Record of evacuation plan in Health & Safety folder and seen located around the property like alarm Evidence of regular fire alarm testing, last completed on 10/02/2020 evacuation Recorded last for 04/11/2019; included 3 staff			
	Emergency lights Signage Fire extinguishers	Record of monthly tests, last completed on 03/02/2020 During walk through, noted fire exist signs and fire extinguishers seen around the property. In addition, clearly marking fire door exists and assembly point. Record of annual fire extinguishers testing, last			
	Other Record of monthly inventory of Fire Equip Check including fire Blanket in the kitcher doors.				
Check the health and safety procedures.	H&S Inspection Checklist (breakdown of what is required to be checked) Record of staff daily checks, comment section, for any issues found, which is communicated to maintenance.				
Check for gas certificate	N/A				
Electrical installation certificate	05/01/2020 Also, individual flats 30/05/2017 for 3yrs				
Check for COSHH cabinet	Self-contained flats, each flat equipped with their own cabinet as informed customers have capacity				
	·				
Other H&S Are there any planned works/changes for the service in the next 12 months?	Also, recording weekly cleaning rota Informed late last year (2019) have approval for planning of 7 new flats; currently in consultation period, aiming for additional 1 floor and to start work in the next 2mths, advised work may take up to 46mths.				

4- Safeguarding & Safety	
Look for evidence of:	Evidence of procedure in place, also utilising local (LBN) Safeguarding procedures.
Local safeguarding procedure	
Evidence of safeguarding records	Recorded in folder (archived at the end of the year) and in the Safeguarding alert register, copy kept of completed forms.
Evidence of medication procedures	Evidence of medication process in place
Evidence of medication auditing	Evidence of clear medication auditing
Incident recording	Incident/ Accident and complaints recorded in their own folder.
Are there any ongoing safeguarding being investigated	Advised no current ongoing investigation however, recently one closed in Dec 2019
Other	

5 Occations December				
5- Customer Records				
Person centred support plan	Customer 1- G.T.			
(reflecting)	Customer profile, including:			
Allocated key worker	- Customers diagnosis,			
Clear outcomes recorded	- Team involved; i.e. professional, relatives			
Evidence of regular key	- Medical History			
working	- Family information			
Risk assessment	- personal history			
Capacity assessment	Medication			
Date of last LBN review	- list of medication			
Evidence of service user's	Care Plan dated for 30/09/2019, recording:			
activities	- Mental Health			
Medication assessment	- Medication			
Medication administration	- Physical			
Check MAR for accuracy	- Social Contact			
Evidence of medication	- Finance			
auditing	- Accommodation			
	- Care Plan sets out actions and timescale			
	Risk Assessment last reviewed on 24/09/2019			
	- Includes relapse of Mental Health with indicators for risk to occur			
	- Risk management guidelines, risks are not rated and compiled as a			
	list			
	- Includes a number of different areas, such as; Physical health			
	Evidence of 1:1 sessions, monthly basis 11/01/2020			
	Allocated key worker			
	Medication Support Plan			
	MDT contact information updated			
	Daily logs – last recorded for 11/02/2020, areas as identified in customer's			
	Support Plan, clear staff recording information.			
	MAR Chart, no gaps			
Person centred support plan	Customer 2 – D.M.			
(reflecting)	Customer profile, including:			
Allocated key worker	- Contact information			
Clear outcomes recorded	- Teams involved i.e. professionals			
Evidence of regular key	- Customers photo			
working	Support Plan dated 21/08/2019			
Risk assessment	 Number of areas identified, also set actions 			
Capacity assessment	Risk Assessment completed on 27/08/2019, listed a number of key areas:			

Date of last LBN review Evidence of service user's activities Medication assessment Medication administration Check MAR for accuracy Evidence of medication auditing	 Mental Health Physical health and such Including information on customer heath, i.e. customer being diabetic Evidence of one-one sessions, last completed on 11/02/2020 Evidence of regular daily records, last completed for 11/02/2020 am and pm. Comments relates to areas identified in customers Support Plan Evidence of Activity sheet Mar chart, no gaps, being ticked by customer.
Other	Using system: Carex Solutions, seemed easy to use and able to record a number of factors

6- Staff Records				
Inspect Two randomly selected staff files and look for:				
Staff No1	A.T.			
Contract of employment	19/02/2018			
Employment references	1 st reference; from previous company on a letter headed paper, dated 02/04/2015			
	2 nd reference; character Reference, completed by co-worker dated 02/05/2015			
DBS (Date and number)	Issue date: 23/03/2015, reviewed on 10/05/2019 and annually checked Certificate number: 001477073793			
Right to work in the UK	Copy of passport, signed and dated 24/10/2019			
Induction	3 induction packs; First day, Staff induction (1-2wks 03/04/15) and Policy Induction also, signed by Supervisor			
Supervision	Evidence of monthly supervision, 9/12/2019, note sure if actions were clear			
Appraisal	Annually completed, last completed on 11/02/2019			
Individual training	Number of certificates in file			
	i.e. challenging behaviour 04/12/2019 Mental capacity 27/11/2019			
Other	All documents kept on the computer			
Staff No2	Not checked			
Staff training matrix	Action: Provider to send staff training matrix			
Evidence of training delivery	Evidence of training being completed			
Staff feedback: Talk to one or more members of staff and ask for their understanding of:				
Safeguarding	Not checked			
DOLS	Not checked			
Whistleblowing	Not checked			

7- Quality Assurance	
Evidence of self-audits, Are audits fit for purpose	 Quality Assurance Folder Manager quarterly reviewing customer's folder and other folders, Health & Safety Customer Satisfaction Survey last completed in Oct 2019, completed twice a year Relative Survey last completed in Oct 2019 Professional Survey Staff Survey Oct 3029 Annual Manager review completed last on 10/01/2020; Data from surveys, including staff supervision, collated into a report and

feedback illustrated into graphs etc.		
Staff meetings	Meeting to be held meetings, last held on 03/01/2020	
Customers meetings	Meeting to be held monthly, last held on 10/10/2020	

8- Outcome	
Positive Feedback	During a walk thorough, noted service to be clean and in good state of affairs. Provider has clear Policies and Procedures in place for Health & Safety, Safeguarding and a good management oversight system.
Areas of concern	No concerns identified during this visit
Providers comments	

Adults Social Care Contracts Team

	9- Action Plan			
	Action	Ву	By When	Comments
		Whom	-	
1	Correction: as customer (G.T.) has given consent to administer Medication thus counted as self-medication. However, Provider to send copy of signed document consenting to administer medication.	SD	29/06/2020	
2	Provider to send staff training matrix	SD	29/06/2020	