

Name of Supported Living :	Leyton House (West Ham)
CQC ID:	Not Applicable
CQC rating:	
Date of Visit	20/06/2023
LBN Officer:	Abiodun Ojo

Summary of Actions



Area	SCORE
Staffing	100%
Health & Safety	100%
Care Plans	100%
MCA & DOLS	100%
Resident Observations & Discussions	
Staff Observations & Discussions	
Medication	100%

Final RAG rating

Guidance to QA Officer	Home details	Officer Input
	Name of Service :	Leyton House (West Ham)
Click here to open - www.cqc.org.uk	CQC ID:	Not applicable
	CQC rating:	
SIP = Service Improvement	SIP plan in place	NO
	Address of Care Home:	1A Plashet Road, Plaistow. E13 0PZ
	Care Home Phone:	02038 597 345 07493 651 189
	Name of Manager:	Graciela Imperial
	Home / Managers E-Mail address:	graciela@lhccgroup.co.uk
	Name of Regional Manager:	Yusouf Ali Mahamed
	Regional Manager's E-Mail address:	yusouf@lhccgroup.co.uk
	Name of Owner of Home:	Eshan M Teeluck
	Date of Previous Visit:	02/12/2022
	Date of Visit	08/02/2023
	Start Time	10:00
	End Time	
	LBN Officer:	Abiodun Ojo

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Guidance to QA Officer	Is there evidence of :	A	B	Score	NOTES & Actions; Staffing	ACTIONS; Staffing
	Staff initials -	GNI	GWYC			
	Appication fully completed and includes full employment history	YES	YES	100%	GNI - 20/05/2021 GWYC - 08/03/2022	
	Contract signed and dated	YES	YES	100%	GNI - 22/10/21 GWYC - 11/10/2022	
Is a DBS for staff in file less than 3 years old	DBS - valid and in date	YES	YES	100%	GNI - 180/10/21 GWYC - 04/10/2022	
	Evidence of completed induction	YES	YES	100%	GNI - 25/11/2021 GWYC - 18/10/2022	
	Evidence of regular appraisals	YES	YES	100%	GNI - 29/11/21 GWYC - Not due for appraisal	
	Health questionnaire completed	YES	YES	100%	GNI- 20/05/2021 GWYC - 08/03/2022	
	Interview notes signed and dated	YES	YES	100%	GNI - 25/05/2021 GWYC - 22/03/2022	
	Proof of Identity	YES	YES	100%	GNI - Phillipine passport GWYC - Mauritius passport	
	Right to work	YES	YES	100%	GNI - Resident permit GWYC - Resident permit	
	Supervision notes - regular and up to date	YES	YES	100%	GNI - 15/06/2023 , 18/04/2023 GWYC - 16/05/2023 10/03/2023	
	Team meeting have taken place, minutes are available, and up to date	YES	YES	100%	There is evidence of team meetings taken place.	

	Training Matrix shows annual training has taken place	YES	YES	100%	Training Matrix is up to date.
	Two references on file	YES	YES	100%	2 refereneces on file

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TO 100%

Guidance to QA Officer	Is there evidence of :	Y/N	NOTES; Health & Safety
	Incident, accident & Safeguarding Logs	YES	Incident & accident are No open or current safeguarding concerns at the time of visit.
	H&S procedures	YES	Fowler Fire Alarms – 01/06/2023 Gas Safety 25/05/2024 Employers liability insurance 08/11/2023 PAT 25/05/2023
	H&S audits	YES	Daily health & safety checks 20/06/23 , weekly fire alarm 19/06/2023 , Internal fire risk assessment 24/04/23, Monthly fire equipment check 06/23 , monthly central heating system 06/23 , First Aid check sheet
	Fire Risk assessment	YES	22/04/2022
	Fire Drills and outcomes	YES	26/04/2023 completed every 3 months Outcome : One resident stayed in doors action: 1:1 discussion with resident .
	Manager's audits	YES	Quarterly service user notes audit 19/04/2023
	Managers spot checks	YES	16/05/23 , 09/05/23
	IPC process in place and being followed	YES	Not applicable
	Area manager's last report	YES	17/04/2023
	Home environment	YES	The home is clean, well maintained and free from odour. Fire exit doors are free from odours.

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Total

100%

Guidance to QA Officer	Is there evidence of :	A	B	Score	NOTES; Care Plans
	<i>Intial of residents</i>	SB	LD		SB - Outcome Star completed , signed Licence agreement, monthly key working session, service user profile LD - Outcome star completed, signed licence agreement 13/02/23
	Daily notes	YES	YES	100%	Detailed and evidenced how residents were supported on a daily basis.
	repositioning	N/A	N/A	87%	Residents can reposition without support.
	fluid	N/A	N/A	87%	No support required.
	Nutrition	YES	YES	100%	SB - Can cook meal but not motivated to carry out this task however staff encourage to be more independedent with food preparation 19/06/2023 LD - staff ecourage resident to cook healthy meals 01/06/23
	mobility	YES	YES	100%	Residents can mobilise independently.
	Persoanl Care / Hygiene	YES	YES	100%	SB - Staff encourage and verbally prompt to to clean flat 19/06/23 LD - Staff verbally prompt with personal care and hygiene
	transfers	N/A	N/A	87%	Sevice users can transfer without support.
	Skin integrity	N/A	N/A	87%	No issues with skin integrity
Waterlow	N/A	N/A	87%	Residents can weight bear	
weight chart	YES	YES	100%	SB - Monthly weight checked 51.8kg (June) LD - 62.45kg (June)	
person centred evidence	YES	YES	100%	evidence of supporting residents withpersonal hygiened and preparing healthy meal.	
Resident's view captured and reflected	YES	YES	100%	Evidence of completing support plan with service users and residents meeting held monthly	

family involvement and Advocacy	YES	YES	100%	SB - Mum is involved in care 19/06/2023 LD - sister is involved in care 01/06/23
choking risk	N/A	N/A	87%	Residents can swallow without issues.
communication	N/A	N/A	87%	Residents can communicate verbally
body mapping	N/A	N/A	87%	No body related incident
Risk assessments including - mobility , choking, skin , infection, etc	YES	YES	100%	SB - mental health relapse, Self - neglect , Vulnerable substance misuse, prostitution, Risk of going missing , risk of fire LD - Mental relapse, Non-compliance with medication , Self - Neglect , vulnerable- substance misuse, Fire risk 01/06/2023
Medication info documented	YES	YES	100%	SB - Medication information documented
PEEPs	YES	YES	100%	SB - Staff to verbally prompt and encourage resident to evacuate the building in the event of a fire emergency 26/04/2023 LD - Staff encourage to leave the building in the event of a fire emergency 26/04/23
Continence care	N/A	N/A	87%	Residents can access toilet independently.
Activities	YES	YES	100%	Residents are not interested in any form of activities after much encouragement from staff.

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TO 100%

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Guidance to QA Officer	Is there evidence of :	Y/N	NOTES; MARS
	POA	N/A	
	Deputyship	N/A	
	MCA	N/A	Consent form in place
	IMCA / RPR involved where required	YES	Client affairs
	Finance/Rent	YES	SB - Expenses sheet checked and verified
	Best interest	N/A	
	DOLs	N/A	
	DNACPR	N/A	
	Family contact	YES	SB - Mum makes contact regularly
	professional contact	YES	GP, social worker, Care coordinator
	outcomes	YES	

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Guidance to QA Officer	Initials	Notes; Resident Discussions
	SR	Discussion with service user who stated that they have been in the service for over 2 years, they attend resident's meetings at times. Service user SR also confirmed that they have no complaints at the time of monitoring visit.

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Guidance to QA Officer	Initials	Notes; Staff Discussions
understanding of covid /PPE, DOLS,		
MCA, Safeguarding , whistle blowing		

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Guidance to QA Officer	Is there evidence of :	A	B	Score	NOTES; Medication	ACTIONS; Medication
	<i>Is MARs sheet completed</i>	SB	LD			
	All medication prescribed administered	YES	YES	100%		
	errors noted	YES	YES	100%	No errors identified	
	PRN record completed	YES	YES	100%	Completed	
	PRN protocols	YES	YES	100%	Completed	
	Medication administration /competency training completed	YES	YES	100%	Medication competency completed	
	MARs sheet information clear	YES	YES	100%	Information is clear	
	Signed	YES	YES	100%		
	covert medication	YES	YES	100%	Not applicable	
	Dated	YES	YES	100%		
	Medication count complete and correct	YES	YES	100%	Medication count sheet completed and correct.	

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100%

About the Service

Leyton House (West Ham) is a supported living providing 24 hours' mental health service to people. The service can support up to 11 people in this purpose built property. At the time of inspection, there were 10 people living in the service, all females. Nine of the residents belong to London Borough of Newham.

Actions for Service

Drop Down List	CQC Rating	RED	Amber	Green
N/A	Awaiting 1st CQC Inspection	< 65%	66% to 99%	100%
YES	Outstanding	0.649	0.9999	1
NO	Good	64.90%	99.99%	100.00%
	Requires improvement	65%	99%	100%
	Inadequate			

75 - 85