

Mr & Mrs R A Haworth

Layton Lodge Residential Care Home for the Elderly

Inspection report

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Tel: 01253393821

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit at Layton Lodge was undertaken on 11 and 24 April 2017 and was unannounced.

Layton Lodge provides care and support for a maximum of 18 older people. At the time of our inspection there were 14 people living at the home. Layton Lodge is situated in a residential area of Blackpool close to local amenities. The accommodation consists of 16 single rooms and one twin room spread over two floors with a passenger lift for ease of access. Communal areas consist of two separate, comfortable lounges and a dining room.

At the last comprehensive inspection on 04 February 2015, we rated the service as requires improvement. This was because we found breaches of legal requirements. The registered manager did not have effective recruitment procedures to ensure staff were suitable to work with vulnerable adults. There were inconsistencies with how staff were recruited and their records did not always contain required checks. The registered manager failed to ensure all staff received induction to support them in their role. We followed this up on 09 September 2015 and noted the service was meeting the regulations they were in breach of. However, we could not improve the rating from requires improvement because to do so required consistent good practice over time.

During this inspection, people and relatives we spoke with said they felt safe whilst at the home. However, we found poor practice in risk assessment processes. For example, they did not outline the level of concern, actions to mitigate risk and follow-up review. There was no evidence to show the management team completed an analysis of accidents and incidents to reduce their recurrence.

People and relatives told us they felt fully involved in the review and update of their care planning. Staff demonstrated a good understanding of each person's backgrounds and preferences. However, we found care planning contained missing information and lacked clarity to guide staff to be responsive to people's requirements. The review of records set out by the management team was considerably overdue by several weeks to over a year.

We found staff had a good understanding of medication administration and practice, underpinned by recent training. However, medicines risk assessments were poor and not all of those who lived at Layton Lodge had one. We observed staff did not always administer medicines safely and related auditing lacked detail and depth to have full oversight of all procedures.

People stated they found their meals were of a good standard and alternatives were available. One relative told us, "The food is good, wholesome, home-cooked food." However, care files did not contain nutritional risk assessments to protect people from the risk of malnutrition. Monitoring records were ineffective because we found gaps in records.

The provider failed to ensure quality assurance was up-to-date and fully assessed people's experiences of

living at Layton Lodge. Audits failed to pick up concerns we found and were not fit for purpose. For example, the last care planning audit demonstrated all records were in place, but we saw information was missing, not current and contained gaps.

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.

Staff we talked with demonstrated they had a good awareness of how to protect people against potential harm or poor care. We saw there were appropriate staff numbers during the day and call bells and people's needs were attended to with a timely approach. However, we found concerns with staffing levels at night, which were not sufficient to meet people's changing requirements. The provider did not use a model to check they could continuously meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

In our discussions with staff, they were able to demonstrate a good awareness of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However, we saw not all care files contained consent to care. Decisions-specific agreement was not documented where required, such as for bedrails.

You can see what action we told the provider to take at the back of the full version of the report.

The provider did not have oversight of the quality of cleanliness at Layton Lodge because they did not undertake regular audits. We found areas in the home required cleaning and lacked good standards in infection control.

We have made a recommendation the provider seeks guidance about safe practice and quality auditing of infection control.

Staff told us they had ample training and felt the registered manager was supportive in helping them to access further courses. Additionally, they had regular supervision to support them in their roles.

Staff demonstrated a caring and respectful approach to those they supported. A relative commented, "They have so much patience, respect and that caring touch." They were respectful of people's privacy and dignity during our inspection, such as knocking on doors before entering bedrooms. A staff member told us, "I try my best to look after the residents as I would want to be looked after." We found people were encouraged to be involved in their care planning.

A programme of activities was available for people's stimulation and interest. Those who lived at Layton Lodge and their relatives said they felt fully occupied.

People told us they had been informed about how to raise concerns if they had a complaint. The registered manager provided opportunities for them to feed back about the quality of their care and any suggestions they may have. Staff said they felt the management team was 'hands on' in their approach and listened to any issues they had.

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 safe.

We found risk assessment management, including infection control processes, and recordkeeping was poor.

Although we noted the provider followed safe procedures to recruit personnel, we found staffing levels at night did not match people's changing needs.

People's medicines were not always managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff demonstrated a good awareness of the MCA and DoLS. However, the management team failed to ensure documentation of people's full consent to care.

We found people were supported to eat their meals when and where they chose. However, systems to prevent the risks of malnutrition were poor.

Records we looked at showed staff received training and regular supervision to underpin their knowledge and skills.

Is the service caring?

Good ●

The service was caring.

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. Care records contained evidence they were involved in their support planning.

Staff treated people in ways that demonstrated they were valued and an important member of the community.

We observed staff worked in ways that respected people's culture and diversity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records we looked at showed us the update and review of support planning was considerably overdue.

Care records did not always guide staff to be responsive to people's needs. Information was missing and not consistently clear about their support requirements.

The registered manager provided opportunities for people to meet their social needs.

People told us they felt the management team would respond appropriately to any complaints they may have.

Is the service well-led?

The service was not always well-led.

The management team failed to properly assess the quality assurance of the service provided. Governance related to auditing and recordkeeping was poor, inconsistent and irregular.

Staff and people who lived at the home said it was organised and had good leadership.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care.

Requires Improvement 

Layton Lodge Residential Care Home for the Elderly

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 team on day one consisted of an adult social care inspector and an adult social care inspection manager. On day two of our inspection, the team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 11 and 24 April 2017, we reviewed the information we held about Layton Lodge. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We walked around the home and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about Layton Lodge. They included two people who lived at the home, two relatives, the registered manager and three staff members. We further discussed the service with a visiting healthcare professional. We did this to gain an overview of what people experienced whilst living at Layton Lodge.

We looked around the building to check environmental safety and cleanliness. Furthermore, we looked at a range of records. These included documents in relation to six people who lived at the home and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of Layton Lodge.

Is the service safe?

Our findings

People and relatives we spoke with said they felt safe whilst living at Layton Lodge. A relative told us, "[My relative] is safe here. I have no concerns about that." Another relative added, "[My relative] needed to be somewhere safe and she gets that here."

We found care files contained risk assessments intended to guide staff about reducing the risks of harm or injury to people. However, the assessments in all six care files we looked at were insufficient at safeguarding those who lived at the home. One person's documentation highlighted a newly identified concern around agitation in February 2016, but their associated risk assessment had not been updated since. Their mobility had deteriorated and they were currently assisted in bed. However, their movement and handling risk assessment had not been updated since September 2015. Another person's 'assessment of abilities' form, which was a tick box to feed in to their risk assessment, was unclear. Under different sections, the ticks did not line up, which meant we were unable to check what level of support they required. Staff continued to indicate the person had a catheter after it was recorded this had been removed.

The risk assessments we reviewed were poor because risks were not clearly identified. They did not outline the level of concern, actions to mitigate risk and follow-up review. For example, where people were identified at risk from pressure ulcers records did not include body maps. Such documents would show where these were located and their severity level to guide staff to reduce skin deterioration. One person's related risk assessment was a description of a conversation between them and the registered manager and failed to alleviate the potential risks. The management team recorded when evaluation of the assessments was due, but did not always then complete this with a timely approach.

One person at Layton Lodge for respite care did not have a risk assessment or any other records about their medical details. During the first day of our inspection, we saw this individual had a fall. When the ambulance crew arrived, the management team confirmed they did not have the required documents. This meant the registered manager failed to adequately protect the person and reduce their risk of falls. On the second day of our inspection, we noted, although risk assessments had been implemented, they lacked detail to ensure risks were mitigated. Staff recorded the person had seven falls in three weeks. The last incident occurred on 23 April 2017, at which point staff referred them to the falls team for additional support. After the fall we observed, the individual's care plan was not updated and, indeed, there was no strategy to reduce their falls risk. This was poor practice in the prevention of risk to this person.

Similarly, environmental risk assessment did not always maintain health and safety processes. For example, individual Personal Emergency Evacuation Plans (PEEPs) lacked consistency about how people should be supported in the event of a fire. Staff completed accident and incident logs, but there was no record of action they took at the time. Likewise, there was no evidence to show the management team completed an analysis of incidents to reduce their recurrence.

These are breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team's systems failed to maintain people's safety.

Staff we talked with demonstrated they had a good awareness of how to protect people against potential harm or poor care. This included what they were required to do and their reporting responsibilities. One staff member told us, "I would report concerns straight away and record them." We observed staff engaged with individuals in ways that limited potential harm or poor care. For example, they remained with people when they mobilised without invading their space or minimising their freedom of movement.

We asked the registered manager how they matched staffing levels and skill mixes to people's complex needs. They told us they did not have a model to assess this, but felt ratios were safe. We saw there were two individuals who required two staff to support them, along with a further two people supported in bed. Additionally, one person had a legal authorisation in place for staff to deprive them of their liberty to safeguard them. This individual required regular observation. We saw there were appropriate staff numbers during the day and call bells and people's needs were attended to with a timely approach. One staff member commented, "There's enough staff on duty. We manage to get everything done."

However, there was only one waking and one sleeping staff members at night. This meant people would have to wait if both staff were supporting someone who required two employees. People, staff and visitors gave us mixed comments about staffing levels at Layton Lodge. A relative said they had concerns about staffing levels during the night. They stated, "There's enough staff on duty 90% of the time. If something out of the ordinary happens they can sometimes struggle." A relative told us they felt there was an issue recently with insufficient staff on at weekends. They added, "They sorted that out quickly and this is fine now. There's enough staff on."

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to ensure sufficient staffing levels met people's requirements at night. They did not have a model in place to assess and monitor this.

Following our last inspections in February and September 2015, we found the registered manager had sustained their improvements to staff recruitment. We reviewed staff files of two recently recruited employees and noted they contained required documents. This included references and criminal record checks from the Disclosure and Barring Service (DBS). Additionally, the registered manager checked any gaps in employment history. A staff member confirmed, "I did not start until all my references, DBS and stuff came back." Following their employment, we saw staff had induction training to assist them in their roles. This meant the registered manager had followed safe procedures to ensure staff were suitable to work with vulnerable adults.

We found staff had a good understanding of medication administration and practice, underpinned by recent training. Recordkeeping was of a good standard. For example, we saw staff completed associated signing sheets to demonstrate people received their medicines. Documentation was up-to-date and stock checks we undertook revealed this was accurate to people's requirements. Individuals who lived at the home told us they felt staff managed their medicines safely. A relative said, "Yes, they look after [my relative's] medication fine. She's on new painkillers and they check if she needs them." People said they were supported to self-administer their medication if they chose to. One person told us, "I look after my own medication, they let me do that. I'm so happy about that because they respect me."

However, medicines risk assessments were poor and not all of those who lived at Layton Lodge had one. Where relevant risk assessments were available, we noted these were not fit for purpose. We observed staff did not always administer medicines safely. One staff member was training another person in medicines processes, during which an incident occurred within the home. When the staff member went to deal with this, we saw the trainee continued to dispense medication. We saw she also gave a pot of tablets to another

staff member who then administered this to people. The second staff member was also not trained. This is poor practice because the trainee should not have continued the medicines round. Additionally, the staff member who administered the medication must be in control throughout the whole process. This is because, without witnessing the person taking their medicines, they cannot be sure this was factually correct

We were shown a medication audit the local pharmacy had completed, but this was last done in 2015. Where they had identified issues, it was unclear if they had been addressed. The registered manager undertook their own monthly medication audit to check the safety of related procedures. These were up-to-date, but lacked detail and depth to have full oversight of all procedures.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to continuously maintain the safe management of people's medication. They did not have adequate audit processes to assess the quality assurance of related procedures.

We looked around the premises and saw areas were tidy. A relative told us, "It's clean and tidy and fresh." However, the registered manager had not recently completed a deep clean and we saw areas lacked good standards of cleanliness. For example, a commode had stains, radiators required cleaning and carpets throughout the home had not been vacuumed. No staff member had the role of domestic, which had an impact on care staff who had the responsibility for effective housekeeping. The provider did not have oversight of the quality of cleanliness at Layton Lodge because they did not undertake regular audits. On the second day of our inspection, we saw they were taking action to improve upon their infection control processes. For example, we found the registered manager had attended to the radiators, which had been cleaned.

We recommend the provider seeks guidance from a reputable source in relation to good infection control practices and associated quality auditing to maintain people's welfare.

Is the service effective?

Our findings

People we spoke with and their relatives told us staff were effective in their roles because they were well trained. One relative said, "The staff know what they're doing and I think they're trained well." Another relative added, "The staff are well-trained, they know what they are doing."

One care record we looked at contained evidence the person had signed consent to their care. Each area of their support planning evidenced their agreement to how they wished to be assisted. Staff documented where the individual was unable to sign or did not wish to be involved. We observed they consistently offered choice to those who lived at Layton Lodge before supporting them with their requirements. One relative told us the, "They work with [my relative's] dementia, not against it, and ask what she wants to do."

However, four other records did not contain consent to care and treatment in order to confirm people agreed to their support. There was no decision-specific consent to their care planning and risk assessments did not include space for the individual's signature. For example, where bedrails were in place, the management team had not evidenced the individual or their representative had given their permission for this. Recorded consent for such systems would evidence the person had agreed to and not been unlawfully deprived of their freedom of movement. Another individual was prescribed medication to assist with their behaviour that challenged the service. We found no information to confirm documented consent by them or their representative. This meant the provider could not confirm discussions had taken place with people to assure they had consented to all aspects of their support.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to ensure care for each person who lived at Layton Lodge was only provided with their full consent.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the registered manager documented people's mental capacity, how they involved them and relatives in best interest meetings and all decisions made. Furthermore, another person's records we reviewed contained evidence of an ongoing Court of Protection application process. The registered manager ensured they had all the relevant documentation and retained up-to-date records about its status. We observed people were supported to come and go as they pleased and staff did not restrict their liberty. This showed the registered manager and staff followed the Code of Practice and legal processes associated

with the MCA. Staff we spoke showed a good level of understanding about the MCA and DoLS. One staff member said, "We have one person with a DoLS and we keep helping her to make decisions. Where she might get upset I sit down and explain things so she understands what the DoLS are about." People and their relatives told us they felt staff helped them to make their day-to-day decisions. One relative commented, "They don't take over. [My relative's] independence is highly important and they help her to keep that."

We found people were supported to eat their meals when and where they chose. For example, those who lived at the home who preferred to get up later had their breakfast closer to lunch. Additionally, they were accommodated to eat their main meal much later. A relative commented, "I like that, it's personalised." We heard one person said they were hungry close to the midday meal. The registered manager offered a number of choices, but the individual said they would wait for lunch. However, the registered manager continued to encourage her not to wait and offered further choices. These showed staff and the management team had a person-centred approach to people's mealtimes, working around their needs rather than the home's. People stated they found their meals were of a good standard and alternatives were available. One individual told us, "The food is lovely. We can have as much as we like." A relative said, "[My relative] loves her food, but if she doesn't like the meal they'll get her something else."

The Food Standards Agency had awarded Layton Lodge their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. However, care files did not contain nutritional risk assessments to protect people from the risk of malnutrition. On the first day of our inspection, we found staff regularly weighed people, but food and fluid monitoring charts were poor. This was because they were omitted, documented without giving a clear picture of intake or had missing information. We noted the registered manager had introduced new monitoring charts by the second day of our inspection. Although this was an improvement, we still saw gaps in records, which reduced effective review of people's food and fluid intake.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to maintain proper records as an effective approach to nutritional risk assessment.

Staff worked closely with other healthcare professionals to maintain continuity of people's care. They recorded involvement and outcomes to visits and appointments. We saw they contacted professionals in a timely manner in order to meet each person's needs. A staff member said, "Any concerns I tell the manager. We check them over and contact the GP if need be." This included GPs, district nurses, psychiatrists, the falls team and the person's social worker. A relative commented to us, "[My relative] was unwell recently and they were very much on the ball. They got the doctor in straight away and contacted me. She recovered well because of their actions."

The registered manager told us all staff had recognised health and social care qualifications. We found training was predominantly face-to-face so that staff could ask further questions to the trainer. The most recent courses covered medication and fire safety and the registered manager was in the process of booking first aid training. Additional training consisted of sensory deprivation awareness, movement and handling, falls prevention and nutrition. We saw other refresher training, such as safeguarding, moving and handling, Mental Capacity Act and environmental safety was overdue. We discussed this with the registered manager who said they were aware of this and were planning to update all staff. Staff told us they had ample training and felt the registered manager was supportive in helping them to access further courses. One staff member commented, "I've done my level four and I'm about to do my level five." Another staff member added, "We

can access any sort of training. [The registered manager's] really good like that."

Staff told us they had regular supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Records we looked at evidenced sessions were held every two months and reviewed, for example, recordkeeping, personal care and training requirements. Staff we spoke with said the sessions were useful to them in their responsibilities.

Is the service caring?

Our findings

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. A relative said, "Yes, I'm very happy [my relative's] here. It's a really homely home." Another relative added, "The staff are wonderful." A visiting healthcare professional stated they found staff really cared about those who lived at Layton Lodge.

Care records we looked at confirmed people and their relatives were involved in their care planning. For example, the management team documented discussions with each person whose health needs had changed. Likewise, best interest meetings and decisions associated with a DoLS included involvement from relatives. A family member told us, "Yes, I'm very involved in [my relative's] care. The care plans are quite detailed and I see the staff following them."

People were relaxed, comfortable and smiling throughout our inspection. Our observations evidenced staff used a consistent approach to help individuals who lived at the home maintain their independence. Staff demonstrated the principles of good care and understood the impact this had on people's wellbeing. One staff member said, "The residents are so vulnerable and when their relatives leave they put all their trust in us. It's an honour and privilege to support them." Staff treated people in ways that demonstrated they were valued and a significant member of the community. Another staff member told us, "We have one resident who feels really valued because she wants to help out, so she washes the dishes." A relative commented they found care was very good at Layton Lodge. They added, "[The registered manager] and the staff love the residents."

Staff demonstrated a respectful and caring approach to people who lived at the home, maintaining their dignity when they supported them. For example, we observed they knocked on each person's door before entering bedrooms. A relative confirmed, "The staff are caring and really help the residents in a respectful manner." Care records we saw contained documentation of people's preferences and wishes related to their support.

We observed the registered manager and staff checked and respected people's culture, diversity and human rights. For example, information retained in their care files included their religion and spiritual requirements. Staff demonstrated a good awareness of this in their everyday work. One staff member told us, "Everyone is different and we work with that. I mean in different ways."

When we looked around the building, we saw people who lived at Layton Lodge were supported to personalise their bedrooms. They had pictures and photographs on their walls. The registered manager and staff encouraged people to make their personal space like their own home. This included having their personal belongings brought in from where they lived, such as soft toys and ornaments.

The registered manager made available information about advocacy services to people who lived at Layton Lodge. This included details about what support advocacy provided and their contact details. Consequently, people could access this if they required support to have an independent voice.

Is the service responsive?

Our findings

People and relatives said staff were responsive to their requirements. One person commented, "They help us keep as independent as possible. They ask us how they can do things and when." A relative told us, "I recently mentioned I thought [my relative] wasn't washing herself thoroughly. The next day extra support and prompting was in place. They're great." Another relative commented, "We sat down and discussed [my relative's] care and how she likes to be supported. As far as we can tell, they've followed that. They're good people." A visiting healthcare professional confirmed they found staff were good and responded well to their requests.

Records we looked at contained an enquiry sheet and pre-admission information. The management team utilised this to assess if they could meet the person's needs. They checked, for example, medical conditions, mental and physical health, medication requirements and family relationships. However, one person who was admitted for respite care did not have this information in their care records. During our inspection, we observed the individual was involved in an incident and required an ambulance. The attending paramedics did not have all the information they required because the registered manager had not obtained this.

Staff completed a variety of assessments to measure people's support levels and their related care requirements. These covered, for instance, communication, social skills, personal care and medication. The intention of this tick box document was to inform risk assessment and care planning. However, we identified issues with this form because ticks in different sections did not line up. This meant guidance for staff was not clear and did not always enable them to be responsive to people's needs.

We found positive language was used in care records to highlight people's level of independence and associated skills. A relative told us, "They're aim is to help [my relative] keep her independence as much as possible. That's so important to her and me." However, care plans we looked at contained missing details and were not always informative to guide staff about people's requirements. For example, one person's care plan identified medication as a 'need.' However, no further information was documented about what the issue was, any established goals and required actions to support the individual. Another person's care plan showed they were incontinent, but there were no details about how they should be supported or their preferences in this. Information was missing about the impact this would have on other concerns, such as skincare.

People and their relatives told us they were involved in the review of their care. One relative said, "They discuss the care plans regularly with me." However, we found the update of care plans was poor. The management team recorded under each area of care plans the date by which these should be reviewed. We found these were considerably overdue from several weeks to over a year. One person's care plan about agitation stated this must be evaluated within six weeks. Yet, we saw this had not been undertaken for 14 months. This was poor practice in ensuring people's support was current, specific to their needs and clearly guided staff to their support requirements.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

because the management team failed to maintain proper records for everyone who lived at Layton Lodge. Care planning did not always guide staff to be responsive to people's needs.

Staff demonstrated a good awareness of people's backgrounds and choices about, for example, meals, mealtimes, activities and preferred name. We heard they engaged with people in ways that respected their choices and decisions. For example, one person asked where their drink was and a staff member brought her back a glass of squash. However, the individual said they wanted milk instead and we saw the staff member was polite and patient, immediately dealing with their request. One person who lived at the home told us, "We like to get up later and they let us do that. We have our dinner later as a result and they let us do that. They are so accommodating."

A programme of activities was available for people's stimulation and interest. These included skittles, gentle exercises, hairdresser, bingo, arts and craft, sing-a-longs, card and board games, jigsaws and film days. We saw staff talked with people about interesting topics whenever they entered communal areas. They said they had the time to sit and talk with individuals who lived at the home. One staff member said, "I feel better about myself just being able to help residents and sit and talk with them. They're very interesting people and have lots of good stories." A relative told us, "[My relative] likes to keep active. They do plenty of activities to help them keep occupied."

Staff demonstrated a good understanding of how to deal with a complaint. One staff member said, "I would write it down and speak to [the registered manager] about it." The registered manager told us they had not received any complaints in the last 12 months. People confirmed they had been informed about how to raise concerns if they had a complaint. One relative told us, "If I had a complaint I would raise it with [the registered manager]. I'm fully satisfied she would deal with it."

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We observed people and their relatives approached staff and the registered manager in a relaxed manner. They said Layton Lodge was organised and led well. A relative commented, "[The registered manager] is a lovely manager. I really like her attitude and personality. She runs a good home."

We found the registered manager had not sent CQC a notification about a DoLS that had been authorised and for a serious injury. This meant the Commission was not able to fully carry out its role in monitoring the service. This included the review of incidents that affect the health, safety and welfare of people who lived at the home. The registered manager had sent other notifications to CQC. They told us they were not aware of the requirement to inform us about grade three pressure ulcers and DoLS notifications. They told us they would obtain a list of all the information they were responsible for notifying CQC. We discussed our concerns about the process the management team completed to submit notifications to the Commission. Where incidents occurred, the registered manager contacted the provider who then sent the relevant record electronically because the home did not have a computer. This meant if the provider was away or unavailable, a delay would occur in the home notifying us.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009 because the provider failed to carry out its statutory duty to submit notifications that affect the health, safety and welfare of people who lived at the home.

The registered manager showed us documentation that outlined various regular audits to assess the safety and welfare of everyone at the home. These included an assessment of, for example, medication, maintenance, care plans, risk assessments, fire safety, medication, general maintenance, emergency lighting and environmental safety. However, not all audits detailed any identified issues and actions taken to address them. For example, there were assessments simply ticked and dated when carried out without any further detail. We found the audits were overdue against the date set by the registered manager. This meant the provider failed to ensure quality assurance was up-to-date and fully assessed people's experiences of living at Layton Lodge.

Additionally, there were no infection control audits to assess the quality of the home's cleanliness and related procedures. Maintenance checks were reactive to events rather than for reducing the potential of poor environmental safety. The last care plan audit dated 10 April 2017 indicated all necessary records were in place. However, we saw one person's care file did not contain required details related to their physical, mental and social health needs. We also noted risk assessment was poor and care planning did not always guide staff to people's needs. Furthermore, the review of related processes was considerably overdue. These audits failed to pick up concerns we found and were not fit for purpose. It was unclear if the registered

manager acted on issues identified from the local pharmacy medication checks because of poor recordkeeping.

These are breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to properly assess the quality assurance of the service provided. Governance associated with service auditing and recordkeeping was poor, inconsistent and irregular.

We observed the registered manager was 'hands on' in their approach to the management of Layton Lodge. When they interacted with people, it was clear they felt comfortable and relaxed. We observed the registered manager had a good understanding of each person's requirements.

The provider had suitable arrangements to obtain feedback from people and their relatives about their experiences at Layton Lodge. For example, satisfaction questionnaires were given out to check views on, for example, cleanliness, the environment, friendliness, meals, staff abilities and laundry. The outcomes of the last survey in 2016 demonstrated the home scored 100% satisfaction in all areas. Furthermore, we found regular 'resident' meetings were held to review people's wellbeing and suggestions. The minutes from the last meeting highlighted topics discussed covered any concerns, what was going well, activities, forthcoming events and general comfort. One person who lived at the home told us, "I'm very happy here. There's nothing they could do to improve anything."

Staff told us they felt happy working at the home because the team and management worked well together. One staff member said, "I feel really well supported." They said the management team was open, approachable and led the home well. This staff member added, "We feel we can go to [the registered manager] and she'll sort anything out. Any problems, she'll sort a meeting out and we sit down and discuss things." Another staff member added, "It's a good place to work. If we have any gripes, it's sorted." To underpin this, the registered manager facilitated regular staff meetings to check for any issues or ideas for service improvement. The minutes from the last meeting explored training, policies and leave cover.

We noted hot, running water was available throughout the home and window restrictors were in place to protect people from potential harm. The provider was in the process of arranging their required Legionella check to ensure water was safe for usage. The home's gas and electrical safety certification was up-to-date and fire safety checks were completed.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to send statutory notifications that affect the health, safety and welfare of people who lived at the home. The Commission was not able to fully carry out its role in monitoring the service.</p> <p>Regulation 18 (1), (2) [a (ii), b], 4A [a], 4B</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The management team failed to ensure care for people was only provided with their full consent. Not all care files contained recorded agreement to support. Decisions-specific consent was not documented for bedrails.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The management team failed to ensure staffing levels at night were sufficient to meet people's changing requirements. The provider did not have systems to check they could continuously meet people's needs.</p> <p>Regulation 18 (1)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management team's systems failed to maintain people's safety. Risk assessments were inadequate or not always in place. The management team recorded when evaluation of the assessments was due, but did not always then complete this with a timely approach. Environmental risk assessment did not always maintain health and safety processes and there was no evidence to show the management team completed an analysis of incidents to reduce their recurrence. They failed to continuously maintain the safe management of people's medication. They did not have adequate audit processes to assess the quality assurance of related procedures.</p>

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The management team failed to maintain proper records as an effective approach to nutritional risk assessment. Care files did not contain nutritional risk assessments to protect people from the risk of malnutrition. There were gaps in records, which reduced effective review of people's food and fluid intake. People did not always have records about their personal and medical details. Guidance for staff was not clear and did not always enable them to be responsive to people's needs. Care plans we looked at contained missing details and were not always informative to help staff meet people's requirements. We found the update and review of care plans was poor. The provider failed</p>

to carry out its statutory duty to submit notifications that affect the health, safety and welfare of people who lived at the home. They failed to properly assess the quality assurance of the service provided. Governance associated with service auditing and recordkeeping was poor, inconsistent and irregular.

The enforcement action we took:

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