

Oakdale Care Homes No. 2 Limited

Layston Grove Care Home

Inspection report


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Tel: 01763274327

Date of inspection visit:
09 April 2019

Date of publication:
15 May 2019

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Layston Grove Care Home provides accommodation and personal care to older people. The care home accommodates up to 66 people in one purpose built building. At the time of the inspection 32 people were living there.

People's experience of using this service:

This was the first inspection of the service since it registered on 27 March 2018.

People had their individual risks assessed and staff were aware of these. However, staff needed further development to ensure they could recognise increased risk and the need to take the required remedial action. There were no monitoring or reporting systems for unexplained bruises. This may have aided the management team in identifying shortfalls with moving and handling practice.

The provider had systems in place to help them to strive to provide good quality care and ensure staff were trained. However, observation and supervision of staff competency needed further development and systems did not identify the issues we found as part of the inspection.

People were happy at the service and were supported by staff who knew them well. People felt in most cases privacy and dignity was promoted, however there were elements that could be improved. People were able to choose how to spend their time and encouraged to make decisions about their care.

People told us they had enough to do and enjoyed the activities available. People had the opportunity to go out regularly. People told us were supported by enough staff and told us they felt their needs were met. Staff were recruited safely.

The registered manager was well known throughout the home and people and staff were positive about them. The providers were also well known by people living at the service. All staff were clear that the ethos of the home was about good quality care and putting people first and enjoyed working at the service.

The service met the characteristics for a rating of "Requires improvement" in two key questions and met the characteristics for a rating "Good" in three key questions.

More information about our inspection findings is in the full report.

Rating at last inspection: This was the first inspection since the home opened and was registered with us.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: The provider has been asked to send us an action plan on how they will address the shortfalls identified in this report. We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Layston Grove Care Home

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Layston Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The site visit took place on 9 April 2019.
- The inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with the registered manager, the providers, the operations manager and five staff members.
- We spoke with six people who used the service and two friends and relatives.
- We reviewed three people's care records, medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. However, staff practice in regard to some moving and handling techniques needed to be improved. Communal slings were used for a stand aid hoist and some staff did not know how to check the size to ensure it was the right one for the person they were supporting.
- On one occasion we had to intervene when staff were using a stand aid with a person as they were not safe. We also saw that staff did not consider correct positioning of the chair they were transferring to, to avoid moving a person too far in a stand aid or that the brakes should not be applied when using the aid.
- A person had a health complication and this had not been planned for or reference made to the issue in their care plan. The person needed further health input and was at risk of deteriorating further. However, staff had not acknowledged this by recording the concern or taking the appropriate action.
- People had their individual evacuation needs assessed. Staff were not sure on how to evacuate all people in an emergency. Some staff said they would use the hoist, others said they would leave them in their room and await the fire service. This area needs to be further developed so staff are clear in the event of a fire.
- Fire drills were practised; the time of these drills should be recorded to ensure they have covered each shift pattern. The registered manager told us they were planning to add drills to the training log so they could ensure all staff had attended one. The fire service had completed an inspection the previous week. The registered manager had not been given the report by the maintenance person. This had two actions on it that the registered manager was not aware of.
- Accidents and incidents were reviewed and remedial action taken as needed. This was reviewed by a member of the management team to enable them identify themes and trends.
- People who had bedrails in place had the protective bumpers on to help protect them from injury.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, "The staff (make me feel safe), and the buzzer." Relatives told us they felt people were safe. However, two people did tell us a person walked up and down the corridor and occasionally came into their rooms. They told us staff were aware and were trying to resolve the issue.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had.
- Where people may have had unexplained bruises, staff marked these on the body maps in people's care

plans. However, this information was not then communicated to a member of the management team to ensure the injury could be investigated to see if they were unexplained and if they needed to be reported. The registered manager had no overview of the number of unexplained bruises in the home. This was needed to help them identify themes or trends, such as issues with moving and handling techniques. As a result, potential unexplained bruises had not been reported appropriately to the local authority safeguarding team or to the Care Quality Commission (CQC) as required.

- Staff told us that the registered manager regularly went around the home checking for any issues and making sure people were ok.

Due to people's safety not consistently being promoted with moving and handling, some elements of fire safety, the monitoring of health conditions and the monitoring of unexplained injuries, this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People told us that they were enough staff to support them and respond to their requests for support. Relatives also told us there was enough staff. Most staff said there were always enough staff, some staff said at times people occasionally had to wait for a short period for support if they were busy with other people. The home does not use agency staff but staff told us most shifts were able to be covered.
- Throughout the inspection we saw people received support when they requested it. There was a staff member available when people needed them.
- Recruitment files included all relevant information to help the registered manager make good decisions about the staff they employed.

Using medicines safely

- People's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed.
- People received their medicines when they needed them.

Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed.
- People were protected from the risk of infections, staff received training and followed guidance. There was thorough cleaning ongoing during the day of inspection.
- The house smelt clean and fresh on arrival and throughout the visit.

Learning lessons when things go wrong

- Where an issue had arisen or an event had taken place, this was shared with staff at team meetings, supervisions and any actions needed explained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians. There was a regular GP round. Although we were told the staff found this challenging as at times the GP would be reluctant to visit outside of normal planned rounds.
- We observed one occasion where staff had not sought medical advice promptly. We discussed with the management team the need for staff to record changes or health needs and for staff to check a person's health when treatment for a condition is finished to see if further support is needed.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were encouraged to make their own choices and decisions. People had their capacity assessed in relation to important decisions about their care. Best interest decisions were recorded.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their welfare.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good. One person said, "The food is wonderful. There are choices and you can have something different if requested. The chef is flexible and the food is hot and nicely presented."

- The food looked appetising and smelt good. There was a good choice for people to choose from. People told us that they did not know what was for lunch until the mealtime. A member of the management team told us that there were plans to add a menu to the tables. Food choices were taken at mealtimes. Staff offered visual prompts to people who may have difficulty understanding the choices. Wine was offered to people. One person requested porridge as well as their main meal and this was provided.
- Tables were set nicely and on the first floor a host organised the mealtime. On the ground floor the host was away on training so a member of the management team and the lifestyle coordinator served the meal. Care staff were busy supporting people elsewhere so the providers were getting people drinks and putting condiments on the tables. The experience was a little busy and disorganised although staff were attentive to people.
- People were supported if they needed assistance to eat. Allergies, dietary needs and weight changes were shared with the kitchen staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, and their relatives where appropriate, were involved in planning care.
- Prior to moving into the home, a person chose the room they wanted. However, the number of the room and door colour conflicted with their beliefs. To resolve this the service changed the door number and changed the colour to that of the person's choice.
- People's choices were reflected in the care plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. One person told us, "They have training days. They do all the training for moving and handling. Staff who have come in recently are not allowed to do anything until they are trained."
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training but could ask for more if they felt they needed it. Staff told us that their competency was checked after receiving training. However, we observed some moving and handling practices that indicated insufficient training or competency checks.
- Staff received supervision and felt supported. We saw that supervisions were recorded as happening regularly. All staff told us that they could go to the registered manager or the providers at any time and feel listened to.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us staff supported them when they wanted to be supported.

Adapting service, design, decoration to meet people's needs

- The service was set up in a way to promote people to be able to move around freely. There was ample communal space which we saw people using.
- Bedrooms were personalised and communal areas were designed in a way that made them sociable and interesting. These included a cinema room, tea room, library, hair and nail salon and other areas around the home where people could sit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with respect and kindness. Staff we observed, spoke with people in a way that demonstrated they respected them. One person said, "Yes, without exception staff are kind and caring. They might be firm sometimes but never sharp." Relatives told us that staff were kind. ● However, two people did tell us that at times staff were abrupt and they did not 'get on' with some staff. We did not observe any concerns on the day of inspection but we asked the registered manager to look into this and ensure staff were clear on what was acceptable. The ethos of the provider was people first, they wanted to provide a high standard of care and they communicated this clearly and regularly.
- Staff were attentive to people. People all told us staff were kind and patient. We saw several examples of positive interactions and staff knowing people well throughout the inspection. One staff member said, "It's important to know people well, imagine being asked how you like your tea in your own home, it shouldn't happen."
- Staff spoke fondly of the people living at the home, all were enthusiastic about making people feel happy and well cared for. Staff told us that working at this home had changed their views on how care homes operated and loved working there. Staff told us they would happily have a member of their family living at the home.
- One person did not want too many visitors. Staff worked with them to come up with a plan that suited them and staff could support them with this. Visitors for the person were checked by staff and their diary to ensure they were expected on that day.

Supporting people to express their views and be involved in making decisions about their care

- People were asked about their views about the care. Staff told us that care was delivered in accordance with people's wishes, choices and preferences. They told us that they tried to keep to the times people preferred as much as possible. People confirmed this.
- Staff were heard asking people for their choices throughout the inspection.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. One relative said, "Yes, (there is a care plan). We were asked about hobbies and interests and so on." The service had electronic care plans that relatives could access from home if they had permission. Relatives told us this helped reassure them people received the care they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people. One person told us, "Yes, privacy and

dignity are respected. There's no shouting across the room, staff are discreet. The door is always closed (when dressing). Staff always knock and wait before coming in." However, some people told us that they had not been given a choice of having a male or female staff member for personal care and that net curtains or closing the curtains during care would make a difference to their privacy. Staff confirmed that none of the people living at the home had reflected a choice about gender of staff supporting them. This may not have been considered. These were areas that needed further development.

- People who needed support by staff were dressed appropriately.
- Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People received care that met their needs and took account of their preferences. One person said, "The praise staff give me is wonderful. I couldn't stand when I got here but today I got to the toilet on my own and I can walk halfway along the corridor."
- People's support plans were detailed and person centred so that it covered all elements of a person's needs, wishes, and lives. Staff were able to tell us about people they supported.
- One person had their own business prior to retiring. The staff found that having a role within the home helped them feel valued and relived anxiety. The person was appointed as resident advocate and marketing advocate and were involved in marketing the home.
- People told us that they enjoyed the activities provided. On the day of inspection armchair exercises and a quiz were on offer. Time was also planned in for staff to sit with people and talk. We noted that this time was used well and several people were engaged in a discussion about their lives and where they lived. People told us that they had enough to do and were happy living at the service. One person told us, "We had pottery yesterday, then a singer came in and then everyone watched a movie later on." There were regular opportunities for people to go out. People told us that that the places they visited were enjoyable and interesting.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. People told us they were asked if things were ok.
- People and their relatives told us that they could speak to the registered manager or a member of staff if they needed to. We noted that there were regular compliments received by the service. One relative said, "A misunderstanding occurred in the early days. The member of staff apologised, there was a discussion about it and it was resolved. They take responsibility. Things inevitably get lost in translation but they are very responsive." Another relative said, "It's the response that's good. Staff listen to your concerns. They moved the hanging rail in the wardrobe down so [person] doesn't have to reach up and risk falling."
- Complaints were added on to a log sheet to help them address any themes and trends.

End of life care and support

- The service at times offered end of life care. When people were nearing the end of their lives, care plans were put into place for supporting people. The management team told us that they were looking at ways to approach this conversation and put these plans in place before people needed end of life care. One of the providers told us that they worked closely with relatives during these periods. However, there was a need to develop these plans for when the home reached its full capacity to ensure communication can be

maintained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service used their governance systems to help them achieve the required standards. However, these systems had not been consistently effective in identifying issues in the home. For example, in relation to moving and handling issues, unexplained bruises monitoring and health monitoring as part of good practice. As a result, on the day of inspection we found these issues and the management team were not aware of the concerns previously. The management team acknowledged there was work to carry out around these areas to ensure people's safety was promoted and to achieve the high quality standards they were striving for.

Working in partnership with others

- The registered manager had ensured that other agencies were informed of any issues arising in most cases. This included safeguarding concerns or events in the home. However, as potential unexplained bruises had not been investigated in the home, there may have been instances where these should have been reported but had not been.
- The provider did not have a contract with local authorities for care services.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and their relatives told us that the registered manager and the providers were very approachable and was happy to hear their views about the service. One relative said, "I'm here [regularly]. You couldn't find a better home, it's very good. It's well managed. The two owners take notice and are here frequently. There's no chaos or muddle." However, one person told us that they had raised with the provider about the size of dinner plates and this had yet to be resolved. We noted that the dinner plates were small and one person told us this made it difficult to cut things up.
 - Staff told us, and we also saw, that the registered manager and the providers were visible in the home and made themselves available if anyone needed to speak with them.
 - Staff completed a survey with many of the results being positive and the survey outcome was displayed. Actions from this were implemented. Feedback from staff on the day was positive.
 - There were daily handovers detailing updates or changes to people's needs in some cases, and regular meetings where heads of departments met to share information.

Engaging and involving people using the service, the public and staff

- People had meetings to discuss the service and anything they wanted to change or plans for the future. They were kept informed about anything that affected the service. We saw where suggestions had been made for activities and updates to the menu, these had been shared with the relevant team for implementing.

Continuous learning and improving care

- There were audits completed and any actions were developed into a plan. We saw that these actions had been signed off when completed. The shortfalls were added to an action plan to give an overview of progress and the home's performance.
- There was a monthly provider visit to ensure the service was working in accordance with their policies and processes. They checked the information provided by the management team and measured the percentage of their performance.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's safety was not always promoted due to systems in place not being robust to identify shortfalls.