

Laywell House Limited

# Laywell House Limited

## Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Laywell House Limited is registered to provide accommodation and personal care for up to 30 older people. At the time of our inspection, 29 people were living at the home.

People's experience of using this service:

People told us they felt safe, supported and were happy living at Laywell House. Staff were seen to be kind, caring and provided care and support with compassion.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had been ineffective in identifying poor practice. For example, people were not always protected from the risk of avoidable harm. We found risks such as those associated with the environment had not been managed safely.

People received their prescribed medicines on time and in a safe way. However, where people had been prescribed medicines they only needed to take occasionally, guidance provided to staff was not always clear. We have made a recommendation in relation to medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were treated kindly and compassionately by staff and supported to express their views and make decisions about the care. People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities.

People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on.

Laywell House was clean and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: Laywell House was previously rated as 'Good.' The report was published on 17 January 2018.

Why we inspected: The inspection was prompted in part due to concerns we received about how the service managed people's medicines, whether people were having their nutritional, hydration and care needs met,

and staffing levels. The registered manager also sent us a notification of a specific incident. Following which a person who uses the service sustained a serious injury. This incident is subject to an investigation, as a result this inspection did not examine the circumstances of the incident. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this report.

**Enforcement:**

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made recommendations in relation to the management of people's medicines, care planning and staff supervision. Please see the 'action we have told the provider to take' section towards the end of the report.

**Follow up:** We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 always safe

Details are in our Safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

**Good** ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led

Details are in our Well-Led findings below.

# Laywell House Limited

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors on the first day. One inspector and an Expert by Experience on the second day, and a pharmacy inspector on the third day. 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:

Laywell House Limited 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:

This inspection was unannounced.

#### What we did before the inspection:

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection:

We spoke with 16 people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

To help us assess and understand how people's care needs were being met we reviewed six people's care records. We also reviewed records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management:

- Regular checks of the environment and the maintenance and safety of equipment had not been sufficiently undertaken to protect people from the risk of harm. For example, the inappropriate use of bedrails had led to one person who uses the service, sustaining a serious injury. Following this incident measures were introduced to prevent a similar situation from reoccurring.
- Where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, some of the people living at the service would not be safe if they left without support. We found three doors leading to the outside were not locked and had not been fitted with any device that would alert staff if someone left the building unattended. Some windows above ground level that had been risk assessed as placing people at risk of falls from height, were not being appropriately restricted. We discussed what we found with provider and registered manager who assured us action would be taken in relation to what we had found.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks were well managed. People were protected from risks associated with their care needs. Assessments identified risks, in relation to people's health, mobility and nutrition. Management plans guided staff to support people in a way that mitigated those risks.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. For example, people who were at risk of developing pressure ulcers had equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses and cushions. Care records showed staff were vigilant in checking people's skin; using prescribed skin creams and helping people to change position regularly or maintain their mobility
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Using medicines safely:

- Prior to the inspection we received some concerns about the management of medicines. We found medicines were stored, ordered and disposed of appropriately. Storage of waste was held securely, although not in a tamper proof container, as recommended in current best practice guidance.
- Some aspects of medicines recording could be improved including information for 'when required' medicines, those requiring regular monitoring and dose alteration, and medicines applied in the form of patches.

We recommend that the provider update their practice in some areas of medicines management to incorporate current best practice.

- Medicines were administered safely, and people received their medicines in the way prescribed for them.
- Where safe to do so, people were encouraged to manage their own medicines. This helped to promote their independence.
- Staff received medicines training and were checked to make sure they were competent to give medicines safely.
- Regular audits were completed, and any actions needed were reported if any errors or incidents had occurred.

Systems and processes to safeguard people from the risk of abuse:

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues. Where concerns had been raised, we saw these had been reported appropriately to the local authority.

Staffing and recruitment:

- Prior to the inspection we had received concerns staff were getting people up from 6.00am, when it was not in keeping with their preferences. We visited the home at 6.35am on 31 May 2019. We found one person was up and dressed, but this was their choice. People told us they were able to get up and go to bed when they chose. When asked staff said they only assisted people who expressed a wish to get up. The registered manager explained there had never been an expectation by the management of the service about how many people should be assisted by night staff.
- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.
- Most people, staff and relatives we spoke with felt there were enough staff on duty to support people and keep them safe. However, some people said on occasions they had needed to wait for assistance. One person said, "They can cope or at least we can, its much quicker at night than it is during the day."

Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean, tidy and fresh smelling.
- Systems were in place to prevent and control the risk of infection. Staff confirmed they had attended training in infection control and we observed staff wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Learning lessons when things go wrong:

- All accident and incidents were recorded and reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences. For example, the provider and registered manager described how they had learnt from a previous incident, where staff had been asked to carry out tasks they had not been trained to complete. This had led to a change in practice.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended the provider consider current guidance and seek advice from a reputable source in relation to the recording and documenting of people's mental capacity and best interests decisions. At this inspection we found improvements have not been made.

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's ability to make decisions had not been assessed or recorded in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. For example, where the home held or managed people's monies. There were no records to show the rationale for this decision, no mental capacity assessment to show the person did not have capacity to manage their own finances or this was being carried out in their best interests.
- We raised our concerns with the registered manager who agreed this did not demonstrate the home was working within the principles of the MCA. The registered manager assured us they would take action to address this. We did not find that people had been placed at a disadvantage.

Failure to gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interest decisions is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions had been placed on one person's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience:

- At our last inspection we noted that some staff were not receiving supervision in line with the home's policy and expectation. At this inspection we found improvements have not been made.

We looked at the supervision records for five staff. None of these staff files contained sufficient evidence to demonstrate staff were receiving regular supervision in line with the home's policy and expectations. Staff told us, they felt supported by the home's management team. One staff member said, "I have always felt supported." Another said, "Supervision has definitely improved, and I feel able to approach the registered manager if I need to." We spoke with the registered manager about what we had found, they gave us assurances this would be addressed.

We recommend the provider reviews the systems in place to ensure staff receive appropriate and ongoing supervision in their role to ensure their competencies are maintained.

- All staff completed an induction and did not work unsupervised until they had been assessed as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.

- The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, medication administration, first aid and infection control. Specialist training was also provided for people's specific care needs. For example, dementia, diabetes awareness and dysphagia.

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

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet those needs in line with best practice guidance and people's preferences.

- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's, community nursing services when needed and people had opportunities to see a dentist, or optician regularly.

- Regular care reviews with people, their relatives and healthcare professionals ensured changes to people's needs were identified quickly.

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

- Prior to the inspection we received concerns that people's nutritional and hydration needs were not being met. We did not find any evidence to support these concerns.

- People were supported to maintain a balanced healthy diet. Meals were well presented, and people told us they enjoyed the food. One person said, "The food is always good here. Throughout the day staff bring drinks, pieces of fruit, cake and biscuits." Another said, "The chef is a very good cook and there is always plenty of choice, you only have to ask."

- Staff knew people's food preferences and were knowledgeable about the extra support some people might need. For example, where people needed their food prepared differently because of a medical need or problems with swallowing, we saw this was being provided.

- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored, and professional guidance sought if necessary.

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

- Laywell House was spacious, homely and well maintained. Each person had their own bedroom which they had personalised with pictures and possessions that were important to them.

- People could choose to sit in one of the three distinct communal lounges. One was dedicated to television use, one for reading or meeting with families and friends and the other was used for socialising and

activities.

- The garden was easily accessible and provided a nice space for both people and their families to sit and chat or enjoy a cup of tea or coffee.
- Technology and equipment were used effectively to meet people's care and support needs. For example, some rooms were fitted with sensor mats to alert staff when people needed support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they were happy living at Laywell House. Comments included; "It couldn't be better", "They have helped me get my confidence back", "We're so lucky to be living here, all the staff are lovely, and always happy to help if you need it." A relative said, "We have no concerns about mum's care she is very well looked after. The staff are respectful, and to be honest Laywell House has exceeded our expectations."
- People were supported by staff who had a good understanding of their individual needs. Care plans contained information about people's past, cultural and religious beliefs as well as their wishes. Staff explained how they used this information to build positive relationships with people and their relatives.
- Throughout our inspection we saw people were happy and contented. People were freely able to do the things they wished. We heard and saw people being treated with kindness and compassion.

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

- People, along with family members were encouraged to share their views about the care people received through regular reviews and meetings.
- People felt their views were listened to and acted upon by the registered manager and staff.
- Resident meetings were held regularly. Minutes from these meetings showed people were supported to express their views and were involved in the running of the home. One person said, "They [meaning staff] ask our opinions and tell us what's going on, but sometimes I forget."
- People who were able told us staff regularly sought their preferences before providing care or support and involved them in their care.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed, and staff were seen to knock and wait for an answer before entering.
- People had control over their lives and enjoyed varying levels of independence. Staff supported people with patience and provided regular direction, reassurance and encouragement.
- People were supported to maintain and develop relationships with those close to them, staff recognised the importance of family and personal relationships. For example, we heard how staff respected people's time to be alone with their friends and loved ones.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information with loved ones.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

Prior to the inspection we received concerns that some people living at Laywell House were not having their personal or health care needs appropriately met. One of these concerns had been looked at by the local authority's quality assurance and improvement team (QAIT), who carried out a welfare check and found no concerns. Another is being looked at under the local authority's safeguarding process.

- We looked at the care and support people received and found people received individualised care and support from staff who knew them well.
- Care plans were informative and provided staff with information about people's likes, dislikes, personal preferences, care needs and medical history. This helped to guide staff to support people in the way they wished to be supported. However, we found two people's care plans lacked detail. For example, in relation to historical risks and how to manage one person's unpredictable behaviour. Following the inspection, the provider confirmed guidance for staff was now in place.

We recommend the provider reviews care records to ensure all risks related to people's health and care needs have been assessed and plans are in place to mitigate and manage those risks.

- People's communication needs were identified and understood. Staff were guided to ensure people had their hearing aids and glasses to support their communication. The registered manager said they could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People, relatives and external professionals where appropriate, were involved in reviews and could express their views about the care and support provided.
- People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. One person said, "I enjoy the activities, there is always something going on." Another said, "I have recently joined the house choir with my friend, I love it."
- People were supported to maintain and follow their faith as staff arranged visiting chaplains.

End of life care and support:

- People's care wishes at the end of their lives were recorded in their care plans where they had chosen to

have this conversation.

- Staff told us they understood people's needs and were supported through training and guidance from the local hospice about caring for people at the end of their lives.
- The registered manager was aware of good practice guidance and told us how important it was to ensure people had a pain free and dignified death. Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said, "I haven't needed to make a formal complaint, but I have had a few grumbles. When I raised them with staff they were sorted out very quickly and to my satisfaction."
- Relatives told us they had not needed to complain but were confident the registered manager would take appropriate action should they need to do so.
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. These showed people's complaints were taken seriously and staff acted upon these to resolve issues. Where lessons had needed to be learnt, we saw evidence this had been taken on board and had led to a change in practice.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had been ineffective in identifying poor practice. For example, regular checks of the environment and the maintenance and safety of equipment had not been sufficiently undertaken to protect people from the risk of harm. Staff were not working within the principles of the Mental Capacity Act 2005 (MCA). We have also made recommendations in relation to the management of medicines, care planning and staff supervision.

Failure to ensure systems were operated effectively to ensure compliance with the regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- The registered manager was aware of their responsibilities to provide CQC with important information.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People had confidence in the registered manager and told us the home was well managed. One person said, "[Registered managers name] is very approachable and you can trust them." A relative said, "I think the home is well run, we have been very impressed with the manager and the care, staff provide." Another said, "They communicate really well, which wasn't always the case."
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Learning had taken place from accidents and incidents. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care:

- The provider annually sought people's views by asking people, relatives, external professionals and staff to rate various aspects of the home.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported by the registered manager, and had input into the running of the home.
- The provider was working in partnership with other organisations to support care provision and service development. Following the previous inspection, the home continued to be supported by the local authority's quality assurance and improvement team (QAIT).



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 11 HSCA RA Regulations 2014 Need for consent  The provider did not act in accordance with the Mental Capacity Act 2005.  Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems, processes and checks had not been effective in monitoring and ensuring people's safety.  Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems were operated effectively to ensure compliance with the regulations.  Regulation 17 (1)