

Tamcare Limited

Layden Court Care Home

Inspection report

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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

Layden Court is a care home providing accommodation including nursing care for up to 89 older people. At the time of the inspection 85 people were using the service.

People's experience of using this service

Although, some improvements had been made in the management of medicines, further improvements were needed. The provider monitored and analysed accidents and incidents and this helped prevent recurrences. However, there was room to improve the recording and monitoring of minor injuries, such as scratches and bruises of unknown origin. Overall, the provider ensured people were protected from abuse, and safeguarding concerns were reported appropriately to the local authority. There were enough staff available to meet people needs.

The provider had continued to make improvements to the environment and this was ongoing. The registered manager ensured shortfalls in cleanliness and infection control were addressed during the inspection. Some people's dining experience did not meet their needs on day one of the inspection. However, the registered manager addressed this and people's experience was much improved on day two, although there remained some room for further improvement. Overall, people's needs and choices were assessed and care records showed people's needs were met. However, some people's care plans needed updating. Staff we spoke with felt very well supported by their managers, but not all staff had been provided with supervision sessions on a regular basis.

For the most part, staff treated people with respect and dignity. We saw that staff were kind and caring, recognised when people needed support and engaged appropriately with people. People and those close to them were involved in formulating their care plans, although there was room to improve the evidence of their involvement in the monthly reviews of their care.

People had opportunities to engage in activity and social interaction, although there was room to improve this for people who spent more time in their rooms, or those living with dementia. People's choices for their end of life care had been considered and were recorded and reviewed. People we spoke with knew how to raise a complaint and said they felt comfortable to do so. The registered manager dealt with people's complaints in a fair and open way and used positively to improve the service.

Rating at last inspection and update

The last rating for this service was good (published June 2017). You can read the report from previous inspection by selecting the 'all reports' link on our website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Layden Court 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

On the first day the inspection was carried out by an inspector, an assistant 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. On the second day the inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Layden Court 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 home is divided into four units, one providing personal care and the other three providing nursing care. One unit specialises in providing care for people living with dementia. Accommodation is provided over three floors, with accessed provided by passenger lift.

The service had a registered manager, who, along with the provider is 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the service on 3 and 18 December 2019. We spoke with nine people and nine relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, area manager, a nurse, care workers and an activity coordinator. We also spoke with three visiting health and social care professionals. As some people found verbal communication more difficult we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service including quality audits and improvement plans, accidents and incidents analysis and complaints records.

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 requires improvement. At this inspection this key question has remained the same. This meant 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.

Using medicines safely

At our inspections in May 2017 we found that predominantly, medication management systems had improved. However, we identified some minor issues, which were either addressed by the registered manager at the time of the inspection or were in the process of being actioned.

- At this inspection registered manager had addressed the issues highlighted at the last inspection. However, there were further shortfalls identified.
- Weekly audits picked up any missing signatures in the records of medication administered to people and the registered manager followed this up with staff. However, work was needed to ensure staff reported any missing signatures as soon as possible, when spotted. Written plans and protocols were in place when people's care included medicine given covertly, such as disguised in food. However, these needed to be clearer. These issues were either addressed at the inspection or were in the process of being actioned.
- We also discussed reviewing the timing of morning medicines for people living with Parkinson's disease, as this may help reduce the risk of falls for some people.

Preventing and controlling infection

- Most areas of the home were clean, and staff were trained in good practice in the prevention of infection.
- We did identify some malodour and there were areas that needed cleaning, including some floor edges and extractor fans. The registered manager ensured this was addressed at the time.
- There was a readily available supply of personal protective equipment (PPE) and suitable hand washing facilities. We saw staff using protective equipment appropriately. Although, there was room to improve the frequency with which they used the hand sanitisers provided.

Learning lessons when things go wrong

- Effective accident and incident analysis was taking place, overall,
- The registered manager closely monitored and analysed accidents and incidents, including falls. They looked into the circumstances of each event in detail and used the information to help prevent recurrences.
- Minor scratches and bruises were not always part of the registered manager's monitoring and analysis. Although, they were recorded and reviewed as part of people's monthly reviews. The registered manager said they would look at how this area of practice could be improved.

Assessing risk, safety monitoring and management

- Systems to evaluate people's care records had been strengthened and overall, this helped to make sure

any risks associated with people's care and treatment were identified and managed safely.

- In most cases, The provider ensured risks associated with people's care and treatment were identified and managed. For example, where there were risks associated with people losing weight, there was evidence that action had been taken to address the person's needs in a timely way. However, one person's risk assessments and care plan included contradictory information related to their nutritional needs. It was evident staff were aware of people's needs but relied on verbal handovers for up to date information.
- A specialist health care professional had provided new guidance to staff about the frequency with which people's weight should be checked. However, not everyone's file had been updated to reflect the new guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were safeguarded from the risk of abuse.
- Most people said they felt safe living in the home. Although one person said they would feel safer if they could lock their bedroom door.
- Most people's relatives felt people were safe. One person's relative said, "All [person's] needs are met here and [person] is safe. Staff are approachable, keep us up to date with how [person] has been, and are quite vigilant." However, one relative raised a concern about their loved one's safety. We discussed this with the registered manager, who was aware of the concern and managing the issues appropriately.

Staffing and recruitment

- We found there were enough staff to provide people with safe care.
- Most people and relatives said there were enough staff to respond to people's needs in a timely way. One person said, "We think there is enough staff. They do support us." However, one person who used the service and one person's relative felt the staffing number limited people's opportunity for social interaction.
- There was a safe system for recruiting new staff. This helped to reduce the risk of the provider employing a person who may be suitable to work in a care setting.
- Staff recruitment was ongoing and use of agency staff had decreased. The management team had noted a need to strengthen the information and guidance provided to agency staff to ensure consistency of care and record keeping.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider established people's needs and choices and the assistance they required before admitting people to the home. Initial assessments showed any specialist equipment people needed and appropriate arrangements were put in place.
- People and those who were close to them were involved in the assessment of their needs, being asked what they needed, liked and wanted.
- People's care plans showed their preferences and diverse needs were catered for. This included establishing if people had cultural or spiritual beliefs and asking people the gender of staff from whom they wished to receive personal care.

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

- Overall, people received a nutritious and balanced diet and snacks and drinks were offered throughout the day.
- There was room for improvement in people's mealtime experience on the first day of the inspection as there was little time for staff to interact with or support some people. Some people also waited a long time before their meal was served to them. The registered manager ensured this was improved, and on the second day, people received better support to meet their nutritional needs and to maintain their dignity
- People were satisfied with the quality of the food and said it was usually served hot enough. One person said, "Can't complain about food. We get enough drinks, we just ask and they get us one straight away." However, one person's relative did not think it looked appetising.
- We discussed with the registered manager the use of adapted cutlery and crockery to help maintain people's independence. The registered manager said they would continue to monitor people's mealtime experience.

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

- Improvements to the environment were ongoing to provide areas that were dementia friendly.
- There was wheelchair access throughout and suitable adaptations, such as specialist bathing equipment.
- Dementia friendly touches had been included, with appropriate lighting and pictorial signage to help people to orientate themselves.
- The registered manager told us of their plans to enhance the environment for people living with dementia with more clocks and pictures that suited people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff in the service liaised with other social care and healthcare professionals to help meet people's needs.
- Staff supported people to have access to health care services when needed. For instance, records showed advice was sought from people's GP in a timely way.
- One relative told us staff had sent their family member to hospital recently because of their health needs. The hospital staff had asked the person's relative to relay their compliments to the staff in the home, as the person's skincare and hygiene were, "excellent."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the service was working within the principles of the MCA, and authorisations were being met.
- People we spoke with told us staff asked for their consent to any care and treatment offered and respected their choices.
- We saw decisions were made in people's best interests, where people lacked capacity to make specific decisions themselves.
- Staff told us they had completed training in the MCA and training records confirmed this.

Staff support: induction, training, skills and experience

- The provider had ensured staff received the necessary training to carry out their role's effectively.
- Staff training records showed staff received training in all areas related to the needs of the people using the service, as well as the safety and quality of the service. Where training and updates were due, arrangements were in place to ensure training was planned and arranged in a timely way.
- Staff told us they received a very good level of support from the management team in the home. Although, there was room to improve the regularity with which staff were provided with planned supervision sessions. Supervision is a regular one to one meeting between the supervisor (line manager) and supervisee to meet organisational, professional and personal objectives.

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.

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

- For the most part, staff treated people with respect and dignity. We saw that staff were kind and caring, recognised when people needed support and engaged appropriately with people.
- Most feedback was that the staff were caring, considerate and respectful. One person said, "[Staff] are caring. Look at this one, she's lovely." A relative told us, "[Staff] are nice, [person] is happy here and is eating better." However, one person felt some staff did not respond to them as well as others.
- Most relatives we spoke with told us they felt welcomed to visit their loved ones. One relative said, "The staff care about me and I know they care about [person]."
- On day one of our visit we discussed instances where the service to individuals could be improved with the manager. The issues we discussed were addressed so that, on the second day, we saw real improvement. For instance, staff were deployed more effectively at lunchtime and were able to interact and support people better. People resting in bed were provided with extra blankets to help keep them warm.

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

- Staff asked people about the support they needed in relation of their diverse needs and this was included in their care plans. This included the support they needed with religious observance. The home had some contacts with religious groups in the local community who visited and spent time with people.
- People's plans included information about their history, family and work life, what and who was important to them and their hobbies and interests. This helped staff to get to know people.
- Discussion showed the management team were keen to promote equality and diversity in the service. This included to foster a positive, welcoming environment for people with protected characteristics covered by the Equalities Act 2010. The Act legally protects people from discrimination in the workplace and in wider society.

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

- We saw staff providing people with day to day choices and asking people their opinions.
- There was a core staff team who knew people well, which helped provide people with continuity of care.
- People and those close to them were involved in formulating their care plans, although there was room to improve the evidence of their involvement in the monthly reviews of their care. Two relatives told us they had not been involved in reviews of their family members' care and had not seen their family members' plans. We discussed this with the management team, who told us they were continuing to develop this area of practice.
- The service had a 'dignity champion', responsible for promoting people's dignity and respect throughout

the home. People also had access to advocacy services. An advocate can speak up for people who are unable to do this for themselves.

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 This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected people's individual needs.
- Staff showed a good understanding of what was Important to people, their preferences and needs, and how best to meet them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity coordinators worked hard to make sure people had opportunities to engage in varied activities and had opportunities for social interaction. They were supported in this by care staff. Although, there was room to improve this aspect of the service for people who spent more time in their rooms, and those living with dementia. Care staff were not able spend as much time conversing with people, as they were taken up with meeting people's physical care needs.
- One person told us, "We do have activities, we do bingo, we have turns on, very good singers. We've had all the kiddies in from the nursery."
- Improvement had been made in the opportunities for activity and social interaction provided to people. This had led to positive outcomes for the people who were well enough to engage in communal activities.
- Events planned were publicised on noticeboards in advance to give people the opportunity to invite their friends and relatives if they wanted to.

End of life care and support

- People's care plans captured how they wanted to be supported at the end of their life.
- There were also policies and procedures in place to ensure staff knew how to support people at this time in their lives.

Improving care quality in response to complaints or concerns

- The provider took complaints and concerns seriously and responded to in a timely, fair and balanced way.
- There was a clear and accessible complaints procedure and people and their visitors knew how to make complaints.

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

- There remained a need to ensure the improvements previously made by the registered manager were embedded into practice and were sustained.
- The audits completed in the home to check the quality and safety of the service were in a clear format and well organised. They were for the most part, effective in identifying and addressing shortfalls and concerns. However, they had not always picked up errors or inconsistencies in people's risk assessments and care plans, or shortfalls in cleanliness.
- On the first day of the inspection it was evident that there had been a period of pressure, during which improvement had slowed. This was while the home had been without a deputy manager. In addition, the lower floor of the home had been recently badly affected by flooding and had to be closed, with people having to be moved to temporary rooms elsewhere in the home.
- When we returned to the service we met the new deputy, as they had commenced in post. They had started working alongside the registered manager to improve the monitoring checks in the service. They had already had a positive effect, helping provide better oversight and governance.
- On the second day of the inspection the redecoration and refurbishment of the previously flooded unit had been completed to a high standard and people were happily moving back into their bedrooms.
- Where we discussed areas where there was room for improvement, the registered manager was aware of most issues and either addressing them or developing strategies to address them. They acted to address issues in a very positive way.
- Staff were clear about their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was evidence that people, and those close to them were regularly asked about their satisfaction with the service.
- People, and those who were close to them, were routinely consulted about their satisfaction about the service and had opportunities to be involved in the decision making process.
- The dates of residents' and relatives' meetings were publicised on noticeboards and the provider regularly

asked people to complete surveys about their experience of the service.

- The registered manager had used people's feedback to help improve and develop the service.
- Staff confirmed they were included in the running of the service through regular involvement in team meetings.
- The culture was welcoming and inclusive of people's diversity. Staff told us they were part of a good team and worked together well.

Working in partnership with others

- The registered manager had worked hard to develop and maintain positive links with health care professionals such as GPs and district nurses. This helped to ensure people were receiving the healthcare they needed.
- We received positive feedback from the healthcare professionals we spoke with, who said staff in the service were familiar with people's needs, communicated well, sought healthcare advice and support appropriately and followed instruction and advice well.
- There were positive links with local churches and schools.