

Laywell House Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Laywell House Limited provides accommodation and personal care for up to 30 older people who may also be living with dementia. There were 29 people living in the home at the time of our inspection.

This was an unannounced inspection carried out on 14 and 15 October 2014. We previously inspected the home on the 12 April 2013 and found no concerns.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Although people told us they felt safe in the home, the registered manager had not followed local safeguarding adults policies and practices by ensuring concerns were investigated externally. They had not told us when these events were known. Proper recruitment processes were not always followed to ensure that new staff were suitable to work with vulnerable adults.

There were not sufficient staff in the home which meant people's needs were not always met in a timely manner. We observed staff were task focussed and activities were usually planned as a group activity, as staff did not have time to respond to people's needs individually.

Training had lapsed in some areas so staff were not up to date in certain subjects, for example, manual handling techniques. Staff had not received training in areas

Summary of findings

associated with people's needs, for example, in supporting people living with dementia and care planning was not in place to meet people's changing needs. As a result people's needs were not being properly met as staff did not understand how people were affected by their condition and were making judgements which were inappropriate.

Staff had limited information available to them to know how people wanted their needs met as the care planning and associated risk assessments were not adequate or did not exist. There was insufficient information on specific conditions, for example diabetes, and in respect of specific medicines, to ensure staff knew how to support people. Other risk assessments were not completed fully and staff lacked the knowledge to understand what they meant.

People were at risk of receiving incorrect dosages of medicines due to the unsafe administering of medicines. Staff gave people their medicines, signed documentation to say the medicines had been administered, but did not check that people had actually taken them. Medicines given in variable doses were not being recorded so it was not clear how much of that particular medicine people had taken. People who administered their own medicines did not have risk assessments completed to determine whether they could do this safely. There was no system in place to ensure people's creams were being administered as required. People were having creams used on them which had not been prescribed for them. Therefore their GP, or prescriber of other medicines and creams, would not be aware of any reactions the person may have in relation to other medicines.

There was no formal way the staff were ensuring people were consenting to their care. People were not being assessed in line with the Mental Capacity Act 2005 to

ensure they were able to consent to their care. People were not being assessed in line with the Deprivation of Liberty Safeguards to ensure they were not having their freedom restricted unduly.

People were provided with an adequate diet. People were at risk of not receiving the support they needed to eat and drink as staff were not recording when people needed that support. The records of people whose weight was causing a concern were not detailed enough to ensure this was monitored, followed up, and action taken. Food supplements that people needed were not being recorded so it was not possible to ensure these were being given as required.

The home was led by a registered manager and a management committee. They had recently started to look at how this could work better and meet current expectations on them. They were not ensuring the auditing of quality of care in the home was maintained. The audits and arrangements in place for quality monitoring were not robust enough to identify the concerns raised during this inspection.

People told us they felt well cared for. They spoke highly of the staff and the registered manager. We were told the home had a waiting list due to its good name and many people wanted to live there. The home was kept in a good standard of repair and decoration. People's rooms were personalised and they could choose how to have them decorated. People told us they saw a doctor when required and felt comfortable talking about their health with staff and felt their needs were met.

We found a number of Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

Summary of findings

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.

The registered manager had not followed recognised systems for passing on concerns in respect of safeguarding people as required.

There were not enough staff and staff were not always recruited safely.

People did not always receive their medicines safely due to inconsistent recording and practice.

People told us they felt safe and protected by staff.

Inadequate



Is the service effective?

The service was not always effective.

The staff and registered manager were not up to date in their training to ensure they had the necessary skills to meet people's needs.

People's consent to their care was not recorded. People were not being assessed in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People who required support and supplements to ensure adequate nutrition were not always having their needs met or recorded.

People had access to healthcare services but instructions were not clearly recorded or followed.

Requires Improvement



Is the service caring?

The service was not always caring.

The staff were mainly task focused and missed opportunities when a caring approach was required.

People's dignity and privacy were compromised at times.

People who were independent in their care had control over their care. People who were dependent on staff to deliver their care had less control.

People and relatives spoke highly of the care provided by staff

Requires Improvement



Is the service responsive?

The service was not always responsive.

People did not have care plans which were personalised and responsive to their needs.

People's complaints had not always been investigated and resolved to their satisfaction.

Requires Improvement



Summary of findings

People described times when staff had responded to their needs in a personalised manner.

Is the service well-led?

The service was not well-led in some aspects.

The registered manager was not properly reviewing/auditing the quality of the service and did not regularly seek the views of people's representatives, or staff, to ensure the standard of care was good and improvements were made.

Notifications had not always been submitted, as required by law, when serious incidents had occurred.

People, relatives, staff and professionals held the registered manager in high regard.

Requires Improvement



Laywell House Limited

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.

We visited the home on 14 and 15 October 2014 following concerns we had received. Our first visit was unannounced and the inspection team consisted of three inspectors. Before our inspection we reviewed the records held by us and previous inspection reports.

We spoke with 19 people using the service. We were unable to talk with some people due to their specific communication needs. We spoke with three relatives/visitors, nine staff members, the registered manager, and three members of the management committee. We observed care and support in communal areas, spoke with people in private, and looked at the care records for nine people. We also reviewed records held by the home that included six staff files, policies and procedures, and maintenance of the building and equipment.

Following the inspection we spoke with one social care professional who had regular involvement with the people in the home.

Is the service safe?

Our findings

Prior to the inspection concerns were raised with us that people may not be safe at Laywell House. We were also told there were insufficient staff to meet people's needs.

During the inspection we witnessed a member of staff speaking with a person in an inappropriate way. The person shared this with the registered manager who took immediate action. However the registered manager told us about previous concerns that had been raised and this showed they had not followed safeguarding processes. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone confirmed they felt safe at the home. One person said: "we are so well looked after and treated so well, I love it here". Another person said "[The staff] wouldn't let any of us come to any harm". One such person told us: "The staff are mostly very good. Some come and go a lot. If you have a problem they solve it for me."

People gave us mixed views about staffing levels. Some people told us there were not always enough staff to meet their needs. One person, who relied on staff to support them to go to the toilet, said their dignity had been compromised as it took staff so long to come and help them. Another person said "you could always do with a few more staff; they are always so busy". People independent in their care were unconcerned about the number of staff available. The registered manager and management committee told us there was no specific method to assess how many staff were required and this was not reviewed when people's needs changed. The registered manager was not aware of how many people required two staff to support them with personal care needs and agreed the number of staff was not sufficient to meet people's needs. This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said there were usually enough staff on duty, although they could be rushed. Comments about staffing levels included: "Fine. There have been times when we have been

short but that was only because [a staff member] rang at short notice. Usually another carer will pick up a shift or agency staff are used" and "We cope, we get there, everyone gets the care and the attention they need".

All staff were recruited using a formal application and interview process. However the required checks were not always carried out to ensure new staff were safe to work with vulnerable adults. For example, there were gaps in past employment history, with no explanation, and no health declarations to confirm staff were physically and mentally able to do the work. Checks from the Disclosure and Barring Service (DBS) had been applied for prior to employment but two staff files showed these checks had not been received prior to them starting work at the home. An 'Adult First' check was not in place. An Adult First is a service that allows an individual to be checked against the adults barring list while waiting for the full DBS check to be completed. One of the members of staff in question was identified as working at the end of the second day of the inspection. The registered manager agreed the gaps in recruitment identified were correct and these would be reviewed. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were completed which identified risks in respect of manual handling, developing pressure ulcers and nutrition. There was also a document to assess general risks that included lots of information on the risks people could face. However, some risk assessments were not fully completed or reviewed on a regular basis. For example, there were gaps in recording, assessing and reviewing the risk in relation to moving people safely and one person had bedrails in place without a risk assessment to ensure this was appropriate and safe for them. Risk assessments were not completed on people's risk of falling. This was despite some people's records showing they had recently fallen or had done so in the past. When we spoke with staff they were unsure about the purpose of the risk assessments and their role in supporting people to be safe. This created a concern that people might not be moved appropriately or safely supported, increasing risks to their wellbeing. The lack of consistent risk assessments is a breach of Regulation 20 of

Is the service safe?

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we had received concerning information that people's medicines were not being administered safely in that they were given their tablets in small pots that were then, on occasions, left on people's tables. We observed this practice taking place on four occasions. The medicine administration records (MARs) showed staff had signed all medicines as being taken by people. This included those medicines we saw in pots left on tables. This showed that people may not be taking their medicines at the correct times, timings between doses could not be guaranteed as accurate, and people may be under or overdosed as a result. We raised this concern with the registered manager at the end of the first day but saw the same practice continued on the second day of our inspection. Where people were self-administering their medicines there were no risk assessments in place and no review to ensure they could do this safely.

Some medicines were prescribed with variable doses. Staff had not recorded on people's MARs the exact dose they had administered each time. One person's MAR showed they received regular pain-relieving medicine and was prescribed another pain-relieving medicine that they could have as required. On one occasion it was written in the daily records the latter medicine had been given at night. There was no evidence in the MARs this had been offered or given in recent weeks despite the staff knowing, through staff handovers, this person had been in pain. This practice may mean people were not having their pain managed well and were at risk of over or under dose of medicines.

The writing on some MARs was unclear. Staff had not requested written confirmation when the prescriber had verbally changed a person's prescription. For example, we saw one person was prescribed eye drops to be administered four times a day. For over two weeks, staff had been writing a code, which was defined as "none available" as opposed to "not required". Timely action had

not been taken to address this situation. The registered manager explained the person should have had the drops only when their eyes were sore, but this was not evident from the prescriber's directions and any changes by them were not recorded. This meant this person may not be receiving their medicine as prescribed.

The prescribing label on some creams was no longer readable and some creams that were 'prescription only' had no label. None of the creams were clearly labelled to state when they had been opened. For example, one prescribed cream should be disposed of after six months. This meant people's creams could be ineffective. We also found three people were having creams used that were not prescribed for them. For example, one person was having cream applied that was prescribed to a different person. In the daily notes in April 2014 it stated the district nurse had recommended the use of this cream. This had not been followed up with the person's GP and/or a prescription requested. This meant it could not be guaranteed this cream had been reviewed or was still required. We discussed this with the registered manager who stated they would contact the person's GP and seek this was immediately reviewed. This was acted on before the inspection was completed.

We saw medicines were stored in locked cupboards or in a locked medicines trolley, as was appropriate. However, we saw two medicine cupboards were in full sunlight for part of our visit, as were medicines on a window sill in one person's room. This practice may raise the temperature at which medicines were stored to above that recommended by the manufacturer. Staff advised temperature checks were not completed and the registered manager said they would put this right by ordering suitable thermometers.

The lack of suitable arrangements for the management of medicines is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures people's ability to make decisions in relation to their own care is assessed and DoLS ensure people's freedoms are not unlawfully restricted. Training records showed 13 of the 25 staff listed had completed MCA/DoLS training and, whilst staff demonstrated a general understanding of the MCA, they had less understanding of DoLS.

Records showed people had not been asked if they consented to their care or treatment. However, people who were able to talk with us said the staff asked them if they were agreeable before undertaking any tasks. For example, one person said: "They always ask me if it's all right to do this or that". One person told us staff had involved and supported them at every stage when trying to meet their long standing needs. Two staff confirmed one person would not be "allowed" to go outside alone, due to their particular needs, however no application had been made to legally deprive this person of their liberty. Staff said mental capacity assessments were completed when needed but we found no mental capacity assessment in this person's records. For one person, a treatment escalation plan (TEP) form was completed by a GP stating they should not be resuscitated. There was no indication the person had consented to the plan or a mental capacity assessment had been undertaken. A social worker had also written in the records this needed reviewing. We saw no indication this had been followed up. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we received information of concern that staff were not following correct manual handling techniques and had not received training to meet people's changing needs. Although staff told us there was sufficient training we found that all staff not received specific training in caring for the people they supported. For example, records showed that only three of the 25 staff had received dementia care training and staff demonstrated a lack of understanding about the changing needs of people living with dementia. The registered manager confirmed her own

training was not up to date but she was studying for a qualification in dementia care. Records of training demonstrated manual handling training had not been updated recently for all staff.

Domestic, catering and maintenance staff attended training in respect of safeguarding vulnerable adults and infection control. The chef had not had up to date safeguarding training. Also, the maintenance person did not have food safety training despite working in the kitchen. The registered manager stated this was due to a member of staff having left and needing to put someone in the kitchen urgently. They advised this was an oversight and would be addressed quickly.

Staff not receiving appropriate training is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who administered medicines had received training and a refresher was planned for December 2014. During October and November 2014 update training was also planned for pressure ulcer care, dementia care and fire safety training.

Care and ancillary staff received an induction, supervision and appraisals. One person confirmed new staff worked with more senior staff initially so they were able to get to know them. The number of shifts worked with another member of staff depended on their previous experience. A new member of staff told us, as part of their induction, they had received training on the MCA, infection control and safeguarding. The registered manager told us supervision records were not up to date but, until the last month, staff had received supervision every month. She also said that concerns in respect of staff performance were followed up although the details and outcome of this were not recorded. The registered manager had plans in place to address these issues.

In the information we received before the inspection we were told people were not always supported by staff to eat their meals when required. We observed people eating lunch over both days of inspection. The majority of people ate in the dining room but some people ate meals in their rooms. People who ate in their rooms had their main course and dessert taken to them at the same time. Two

Is the service effective?

people told us this meant the pudding was cold when they ate it, although they said they “didn’t mind”. People told us they always had enough to eat and the portion size was sufficient.

We saw some good practice as well as areas where the staff role could be improved to support people at meal times. We saw two people required both physical support and encouragement to eat their food and maintain an adequate diet. For example, one person was identified in their care records as not always eating their meal. Staff encouraged them to eat their food. They patiently explained the reason for putting a plate guard in place so they could eat by themselves. On the second day staff did not notice a person was struggling to eat their food, because they needed help to cut it up, until we told them. The registered manager said staff may not be aware the person needed this support because it had not been reviewed as part of their care plan.

Food and fluid intake records were kept for people when their monthly weight record raised a concern. However, these records were not detailed and, at times, inaccurate so it was not clear whether people were receiving adequate food and drinks. The records did not detail when food supplements were prescribed and if these had been offered or taken by the person. One record stated a person had eaten their lunch but we saw they had not eaten it. Other records did not detail how much the person had consumed and there were no assessments as to whether this was expected or if the staff were required to take any action. Another record showed that a person was often asleep during meal times but there was no information about whether the person had anything to eat and drink at another time.

Where the care records gave specific instructions about what people needed in relation to food and drinks, the records did not show whether these were followed. For example, in one person’s weight records on the 4 July 2014 it stated they had lost a considerable amount of weight and the person should be weighed weekly with a record kept of their food intake. The next entry on 2 October 2014 stated “weekly weigh no longer required as weight stable and increased.” There was no referral to a relevant health or social care professional when this concern presented itself and no evidence this was followed up. The registered manager said the scales were not weighing people

correctly at this time. When this was corrected many people’s weights were later found to be fine. They were unable to say if this person, and others we reviewed, had lost weight or this was due to the scales error.

The lack of keeping proper information about people’s care needs is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with praised the quality of the food. People told us they could have a meal kept back for them if required. They could also choose other options if they preferred. Comments included: “The food is excellent, good quality, well cooked and presented and we get so much”; “The food is very good, nice and varied”; and “The food is wonderful. If I don’t like something, I can have something else.” A relative also told us “The food’s lovely – there’s a new chef.”

People were given regular drinks during the inspection. People told us their jugs of fluid in their rooms were removed and replaced each day. They added they were always left with a drink overnight. At a staff handover, we heard staff agree on how to encourage one person to drink more with one staff member taking responsibility for this.

The atmosphere in the dining room was calm and quiet and people were not rushed. The tables were laid out carefully with napkins and a special effort was made to mark someone’s birthday. There was a notice board with information about what was available for lunch. One staff member said they knew everyone’s likes and dislikes and whether they required a special diet. For example, a staff member said that one person required a diabetic diet and they knew what sort of food they needed. There were snacks and hot drinks available throughout the day and night. The chef was knowledgeable about people’s needs, likes and dislikes. People told us the chef spoke with them about the menu and any suggestions they had were acted upon.

People had their health needs met. People told us they saw their GP when required. One person told us: “We receive an annual health check. They weigh us and take our blood pressure every month.” During a staff handover meeting a GP’s visit was discussed including the outcome for people and any changes that were needed for people. This meant people’s needs were passed on to provide continuity of

Is the service effective?

care. Staff said they explained any recommendations from their GP to people to ensure they understood what had been agreed. Staff said they recognised that changes in people, such as their mood, may indicate changes in their physical health and they would contact the person's GP straight away. Visits by health care professionals were recorded, for example, GPs, podiatrists, opticians, community nurses and social workers. The registered

manager told us a dietician was consulted when staff were concerned that a person was not eating and losing weight. One visitor said, when asked about the care provided by the home, "they are really good. They get things sorted out." They explained their relative had needed extra support when they moved in to the home, adding: "they look much better now."

Is the service caring?

Our findings

People told us the staff were caring. Throughout the inspection we heard staff speaking in a friendly respectful manner with people. Staff greeted people as they entered their rooms and exchanged pleasantries with them. People were relaxed with the staff. Staff gave people control of what they wanted to do and when. For example, a staff member asked a person whether they were ready to be assisted to a lounge for communion. The person said they didn't "feel up to it today". Later, when we were in the lounge where the communion service had been held the same member of staff approached the person who had conducted the service and asked them whether they would visit the person who hadn't attended because "it would mean a lot to them".

One person said "You're treated like it's your home, as [the registered manager] tells us. No-one tells you where to go or what to do." They told us that staff listened to them and what they wanted, and supported them accordingly. Another person stated: "We're well cared for and well looked after here. I'm very happy here; I wouldn't be anywhere else".

One person said "Some staff go out of their way to be caring. [Name of staff] always looks in even if I haven't rung. Others are in the room as short a time as possible." They told us some staff only went in to see them if they rang their bell. Another person told us: "Most of the staff are very good". A person confirmed staff respected their privacy and treated them with respect. They said "I am a private person and the carers respect this. They help me to get to the shower, make sure I have everything I need but then they leave me so that I can shower myself. I am fiercely independent. I know that they are always within reach though."

We observed staff had little one to one interaction with people. For example, in the lounge mid-morning staff brought people to the lounge and left without asking if they needed anything or who they would like to sit with. People were not given call bells or any means to call staff should they require them. People demonstrated they cared about and for each other and told us they felt this was important. One person had recently moved in and was struggling to settle. People in the lounge listened to their needs and

suggested activities they could do together. Staff were visible and available in the lounges mid-afternoon until tea time and people showed they enjoyed their presence by talking and laughing with them.

Some people spent considerable time in their rooms. Staff said they would like to spend more time with people but had to see to people's physical care needs first. One member of staff said they tried to "pop around, asking people if they are alright, spending time with some if they want to chat" in the afternoon when things were quieter. One person commented it was unusual for staff to stop and talk to them in their room. They rang for a staff member when we were there. The staff member talked carefully with the person and there was good, mutual interaction observed. The member of staff however did not ask what the person would like to do to solve their problem. When we told the staff member the person had said they wanted to go to bed, the staff member stated they had to have their tea first. This did not respect the person's right to choose how to meet their need.

Generally, people's bedroom doors were left open. Two people said they wanted their room door open so they could "see what was going on". Another person told us they liked the door shut. We made the registered manager aware on the first day people were telling us their door was left open without their consent. The registered manager advised they would review with people whether they would like their door open or closed. When staff provided personal care, we observed doors were closed, showing that staff respected people's privacy and dignity at these times. When someone needed their clothes changed, staff supported them to do this discreetly and privately.

People said their relatives and friends were always welcomed. Visitors confirmed they could visit at any time throughout the day. Visitors told us how much they enjoyed visiting the home. One visitor said "This is the only place I would like to live". Another visitor said "the manager treats it like her family – this is their home. We would stay here." They also told us people living at the home always seemed "very chirpy" when they visited and they had observed everyone was treated equally and well. Certain care staff who they said were "lovely".

We saw people walking freely around the home, greeting each other in a friendly manner. A person attended a family celebration. A second person went out for lunch with a

Is the service caring?

family member. A third person who lived at the home was independent and went out shopping most days. They told us: “We can do what we want and go where we want as long as we let them know or they worry about us.”

Is the service responsive?

Our findings

Prior to the inspection we received information of concern that people's care needs were not being planned in a way to ensure staff could meet people's needs.

Many people living at Laywell House were independent in their care needs. However, once a person was assessed as being independent care planning ceased at that point. There was no further information on how staff may need to support them. This was important as two people had complex health needs that require actioned and knowledge by the staff should they deteriorate or be unwell. The registered manager agreed to review this as a matter of urgency.

A range of information and assessments of need in people's care files were not pulled together into a current care plan. A care plan is an agreement between the person and the staff to help manage their health and care needs day to day. It helps to assess what the person wants to happen and how staff will provide it for them. People were not contributing to the assessment and planning of their care. Some records detailed people's personal history, but not all. Where this was in place staff said they found this useful to "see people as a real person not just now but when they were young". For people dependent on staff for their care, there were significant details missing to ensure care was meeting their current need. For example, the documents in their files did not detail how staff should support people with their personal care, how to move people safely, or how to meet their continence needs. The care records did not consistently detail people's preferences and what people could do for themselves to maintain their independence.

Staff did not always provide people with the care and support they needed, where people required very personalised approaches to meet their needs. For example, one person had declined to have their hair washed for some time and the registered manager had to instruct the staff to assist this person in any way that would help. Daily records stated only "All care given" and did not record that the person still needed assistance. However, the staff did respond to the registered manager's instruction and the person spoke very positively about the staff and how they looked after them. The registered manager said they had discussed this matter in staff handover and reiterated the need to communicate concerns so they were resolved earlier.

Another person's bedroom had a malodour and the person's care records lacked the necessary guidance for staff on how to support the person's dignity in relation to their continence needs. The registered manager and staff gave us different opinions as to how they managed this situation. The registered manager agreed to review this and contact the appropriate service to support the development of this.

Lack of care planning and care delivery is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was confusion in some records where information had been updated but old information was still present. For example, one record stated the person had "use of stand aid", "hoist to be used at all times" and the person "walks but use wheelchair for long journeys". All these instructions were undated so it was not possible to see which was the most current. The registered manager confirmed that the hoist was in use to move the person and the wheelchair to transport and we saw this was current practice.

Daily records of people's care lacked the detail of what and how that person's needs had been met. Refusals of care were not clearly recorded. Staff relied on the handover sessions to ensure they were up to date on people's needs. This meant staff did not have the detail they could reflect back on to see if there were any care needs that had not been met.

The lack of keeping proper information about people's care needs is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We tested the call bells to see if they were answered in a prompt way by staff. We found that staff were unable to hear and respond to bells if both staff on duty were required to care for people in their rooms or their en suite facilities. One person told us the night staff sometimes wedged their door open so they could hear call bells. They also told us night staff had not been able to hear them ringing their bell once recently because "It didn't ring where they were – they heard it when they went to another part of the building."

Is the service responsive?

One person confirmed staff looked after them well. Another person stated staff did “just what I want them to do and as I want them to do it”. A further person told us “I am happy here. They see to my special requirements.” They added “The staff are usually well briefed. They bring in my hot drink quietly and just leave it by me.” One staff member told us they “never rush people” when providing care. Another staff member said: “We do it at the person’s pace and that varies from one person to the next”.

A person’s relative told us how much their relative had improved since moving into the home from hospital. They added: “She’s now walking, she joins in the activities and has taken up an old interest”, which the relative thought was due to the responsiveness and encouragement of staff.

People chose or were supported to choose their clothing. Both men and women were supported to maintain their appearance in line with their choice and to a high standard.

Everyone we spoke with was happy their belief systems were respected. People who exercised different faiths felt staff ensured they were able to exercise these fully, such as going out to local churches. The relatives of one person told us staff were mindful of different beliefs at Christmas; checking which of the traditional celebrations the person wished to attend. Another person told us how the staff supported them to maintain their religious observances and enabled friends to come to the home to support this.

One person told us they went out for the day on their own and other people told us they went out to local events. The registered manager told us of her plans to get local groups to meet at the home, such as a knitting group, as several people enjoyed knitting. This showed people were being

supported to follow their interests and remain part of the wider community. One person explained to us the equipment they had in their room enabled them to keep in touch with people outside the home so they were not socially isolated.

There was a complaints policy in place, with relevant contact details including the local authority ombudsman and CQC. The registered manager stated no complaints had been received. However, one person told us they had made a complaint but there was no record of this being accepted as a complaint or of any action taken. The registered manager said this had come to her via a member of care staff, therefore was not sure if she should do anything about it, so had taken no action. This did not follow the service’s complaints procedure and did not lead to a satisfactory resolution for the person who had made the complaint. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew how to raise complaints and concerns and were confident they would be resolved to their satisfaction. One person told us: “The staff are just kind and they are really helpful. You don’t have to ask twice.” Another person told us staff were attentive adding that, if they weren’t, they would report this to the senior care staff who would address the matter. Staff were aware of the complaints procedure and who to speak to. They stated they would speak to the registered manager and also felt the matter would be resolved.

Is the service well-led?

Our findings

Laywell House Limited is a charity. They have a management committee who act as trustees. The management committee are responsible for the running of the home. The chair of the management committee is also registered with us as the nominated individual. A nominated individual is someone who has responsibility for the home at this higher level. The chair explained they attended the home weekly and as needed.

On speaking with people, and when reviewing records, we saw there were four situations we would have expected to have been notified of. One was of an injury which meant the person received hospital treatment; the other three were of a safeguarding nature. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Auditing processes were not robust enough to monitor and improve the quality of care provided in that they had not identified the issues we found during this inspection. For example, care plan and medicine audits were not adequate enough to identify the concerns identified. The registered manager was not monitoring or auditing the delivery of care and ensuring this met people's current needs. Minutes of management committee meetings showed some of the issues we raised on inspection had been identified however, they had not been followed up to ensure improvements were made. Staff, relatives and professionals were not asked for their views of the quality of care provided to people living in the home. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Issues to do with auditing the maintenance of the building and equipment were well managed and any defects were dealt with promptly.

When we reviewed a file entitled "Quality Assurance" this contained information of past questionnaires completed by people living in the home. The registered manager told

us this survey was carried out every year, everyone living at the home had been given a questionnaire to complete, and most had been returned. The results showed that most people were satisfied with the quality of care the staff provided. Action points had been drawn up and responses given to address people's comments and suggestions. For example, one person had commented on the smell from the sluice and in response the sluice door was kept closed at all times. Another person remembered completing the survey, saying "I commented on the menu actually" and their request had been action. Other comments from the surveys included: "There is a good range of positive approaches by care staff and other members of the team" and, "A sincere thank you for all the care I receive, especially regarding my diet."

The registered manager said they had ceased formal meetings with people as they were poorly attended. However, people were spoken with individually by staff and asked for their views about any proposed improvements to the home. For example, the lounges had been recently renovated and people has been asked for their opinion on a selection of wallpaper, carpet and curtains. The work on the redecoration was still on-going.

The home had a "philosophy of care" which was given to people when they enquired about living there. This gave information about how people should expect to be cared for. However there was no system in place to ensure that staff knew about this philosophy to ensure these values were upheld. Other policies on care and respect were available to staff to read but this file was disorganised so policies on care were hard to find and staff had not signed to say they had read the policies, which is what they were expected to do.

People told us the registered manager was important to them and considered the home was well-led. Each person identified the registered manager as being in charge and felt they could speak freely with her. One person told us: "The manager is famous in her own lifetime; everyone knows who she is. She is well respected".

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 did not take formal enforcement action at this stage. 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9(1)(b)(i)(ii)</p> <p>which corresponds to Regulation 9(1)(b)(3)(a)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person had not taken proper steps to ensure people were protected from inappropriate and unsafe care by planning and delivering care that met people's individual needs and ensured their welfare and safety.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10(1)(a)(2)(e)</p> <p>which corresponds to Regulation 17(1)(2)(a)(e)(f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>People were not protected from the risks of inappropriate and unsafe care because the provider did not regularly assess and monitor the quality of the services provided and did not regularly seek the views of people acting on behalf of people who used services and staff.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 11(1)(b)</p>

This section is primarily information for the provider

Action we have told the provider to take

which corresponds to Regulation 13(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person did not have suitable arrangements in place to ensure people were safeguarded from the risk of abuse by responding appropriately to allegations of abuse.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

which corresponds to Regulation 12(f)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person had not protected people from the unsafe use and management of medicines by having appropriate arrangements for recording, handling, using, safe keeping and safe administration of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Regulation 18(2) HSCA 2008 (Regulated Activities) (Amendment) Regulations 2012 which corresponds to Regulation 11(4) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person was not ensuring people were assessed in line with Section 4 of the Mental Capacity Act 2005(1) (best interests) applied for the purposes of this regulation as it applies for the purposes of that Act

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

Regulation 19(2)(c)

This section is primarily information for the provider

Action we have told the provider to take

which corresponds to Regulation 16(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person had not ensured all complaints were fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the person making the complaint.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20(1)(a)

which corresponds to Regulation 17(2)(b)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person had not ensured people were protected from unsafe and inappropriate care due to the lack of accurate recording in respect of risk assessments and other documents related to people's care needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

Regulation 21(a)(i)(b)

which corresponds to Regulation 19(1)(3)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person had not taken appropriate steps to operate effective procedures to ensure that each person employed was of good character and that information specified in Schedule 3 was available on request.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

Action we have told the provider to take

which corresponds to Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person had not taken appropriate steps to ensure there were sufficient numbers of staff to safeguard people's health and welfare.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23(1)(a)

which corresponds to Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered person did not have suitable arrangements in place to ensure staff received appropriate training to enable them to deliver care to people safely and to an appropriate standard.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Regulation 18(1)(2)(b)(e)

The registered person had not ensured the Commission was notified without delay of incidents of injury which required treatment and any abuse or alleged abuse in relation to people who lived in the home.