

Tamcare Limited

# Layden Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 9 May 2017. The home was previously inspected in April 2016 and was rated requires improvement with breaches of regulations in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive medication as prescribed and governance systems needed to be embedded into practice. You can read the report from our last inspections, by selecting the 'all reports' link for 'Layden Court' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Layden Court is a care home providing accommodation including nursing care for up to 89 older people. It is situated in the area of Maltby, approximately six miles from Rotherham town centre. It provides accommodation on both the ground and the first floor and has parking to the front of the building and gardens at the rear. At the time of our inspection there were 78 people using the service.

There was a registered manager at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

The home had a safeguarding policy in place to protect people from the risk of abuse. Staff we spoke with were aware of procedures to follow and the importance of reporting any incidents. Assessments identified risks to people and management plans to reduce the risks were in place. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Systems were in place to make sure people received their medications safely; however some minor improvement could still be implemented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the requirements of the act were being met.

There was an infection control policy and a procedure in place and the service was maintained to a good standard of cleanliness. However, staff told us they could do with domestic hours in the late afternoon or evenings.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty. The provider had a system to ensure safe recruitment was carried out. However we identified some issues in two staff files which were followed up and resolved during our inspection. Staff told us they felt supported and communication was good. However, some staff had not received formal supervision in line with the provider's policies.

Improvements to the environment had been made to provide areas that were dementia friendly. The registered manager was continuously looking at ways to further improve the environment for the people living with dementia who lived in the home.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. People told us they enjoyed the food provided at the home. However, some improvements could still be made at mealtimes to further improve the experience for people living with dementia.

We observed staff interacting with people who used the service and found they were kind, caring and respectful. People we spoke with spoke very highly of the staff and the care they received.

We looked at care plans and other written records and found that in most cases, they reflected people's current needs. However, we saw in some files there was no end of life care plan to ensure people's wishes and decisions were recorded.

The home employed two activity co-ordinators who were responsible for arranging activities and social events. We saw activities taking place and people enjoying these.

The provider had a complaints procedure in place. People felt they could speak with staff if they had a concern. People told us they were listened to and that the registered manager was very good, they were always willing to listen and resolved any issues no matter how minor.

Relatives were very happy with how the service was run, and told us the registered manager had made improvements.

There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The quality monitoring had identified the issues we saw and the registered manager and regional manager had plans in place to ensure these were resolved.

## 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.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise and report abuse.

Systems were in place to manage medicines. However, we found some minor improvements were required.

Recruitment procedures had not always been robustly followed to ensure safe recruitment of staff.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training to ensure that they were able to fulfil their role. Staff were knowledgeable and understood people's needs.

Staff received supervision and appraisals. Staff told us they felt supported, however supervisions were not carried out in line with the providers policy.

The service was meeting the requirements of the Mental Capacity Act 2005.

People received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

### Is the service caring?

**Good** ●

The service was caring.

We observed staff interacting with people and found they were kind, caring and supportive. We saw friendly and appropriate banter was shared between them.

Staff we spoke with ensured they maintained people's privacy and dignity. People told us staff were very respectful.

### Is the service responsive?

**Good** ●

The service was responsive.

People had care plans and staff understood people's needs.

We saw social stimulation took place and people told us they enjoyed the activities.

The provider had a complaints procedure in place and people told us they had no concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager had recruited a full complement of staff and was continuing to embed systems into working practice.

Quality assurance audits had taken place regularly. The registered manager had identified improvements and these were being implemented. The registered manager acknowledged improvements were still required.

People felt they had a voice and were able to contribute their ideas and suggestions.

# Layden Court Care Home

## **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 checked 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.

This inspection took place on the on 9 May 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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. We were also joined by a local authority contracts officer and the clinical quality lead from the care home team.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Before our inspection we reviewed all the information we held about the home. We also spoke with the local authority to gain further information about the service.

We spoke with ten people who used the service and nine of their relatives, and spent time observing staff supporting people.

We spoke with fourteen members of staff, including four care workers, one care home assistant practitioner, four domestic staff including a domestic who was on induction, the activity co-ordinator, the regional support, the deputy manager the registered manager and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at seven people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We found people did not always receive their medication as prescribed.

At this inspection we found predominantly medication management systems had improved. However some minor issues were identified, which were either addressed at the inspection or are in the process of being actioned. Observations of the nurse administering medicines were positive. We saw medicines were administered to people at the correct time and intervals. Medicines were administered either prior to meals or after meals depending on their instructions. We saw staff using protective gloves, placing medicines in pots and offering people a drink. Staff stayed with people until they were sure they had taken their medication.

The Medication Administration Record (MAR) showed the majority of medicines had been signed for at the time of administration. Where someone hadn't taken their medicine there was a code to explain the reason for this. MAR charts had a photograph of each person and showed if anyone had any allergies. However we found some minor issues. We saw on 5 May 2017 some medicines for three people had not been signed as administered or a code used to explain why they weren't given. The medicines had a running total recorded which showed the medicine was given but not signed for. The nurse on duty on the day of the inspection said they had noticed these omissions that morning and reported this to the registered manager. They said they would usually complete a form to show what action was being taken regarding this but they had not yet done this.

We also identified that the air conditioning in the medication rooms was not working. The recorded temperatures of the room over the last month had all been above the recommended maximum temperature. The records showed the room had been operating between 26 – 29 degrees centigrade. The recommended maximum temperature is 25 degrees centigrade. The registered manager showed us the evidence that this had been reported and during our inspection the regional manager contacted the provider and we were given a date that works would commence to repair the air conditioning.

On one unit we identified that where people were prescribed medication to be given as and when required referred to as 'PRN' there were protocols in place to guide staff when to administer when people lacked capacity to tell staff when they require the medication. These generally gave good detail, however on some where people were prescribed medication to relieve constipation the protocol lacked detail. We saw two people had not been given their PRN medication for eight days, there was no reason recorded why it was not required. When we checked their care plans there was nothing recorded to say they had opened their bowels. It was therefore not possible to determine if the medication was not required so had not been given or if it was required but not given. The registered manager spoke with staff who confirmed the people had, had their bowels open and she agreed to rectify the record keeping by ensuring care staff recorded daily in the daily records when people had been to the toilet. Relatives we spoke with raised no concerns regarding medication. One relative said, "I've never had any concerns with [my relative's] tablets or anything, they [the

staff] always seem to know what they're doing."

We spoke with people who used the service and their relatives about the safety of the home told us they felt safe. One relative said, "I've never had any concerns about [my relatives] while he's been here." Another relative said, "Staff are there as far as I can see, and I'm here twice a week." He commented further that if he was concerned about the safety of his [His relative], "I'd see one of the carers if I was concerned."

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were knowledgeable on procedures to follow including whistleblowing procedures. Staff could tell us how to recognise and respond to abuse appropriately.

We saw that risks associated with people's care were identified in care records. These were about risks such as falls, pressure area care and nutrition. The hazards were highlighted and also the likelihood of it occurring. People had personal emergency evacuation plans (PEEPs) to ensure they could be evacuated from the building in a safe manner if required.

Relatives we spoke with were happy how the registered manager managed any incidents they confirmed they were kept informed. Relative's spoke positively about management of risks. One relative told us that initially when their relative moved to Layden Court, the family were very concerned as they were able to get out of the building unsupervised, placing them at risk. This was reported to the management team and resolved. They told us they were very happy with how this was managed and also said that things were much improved in recent times with the current registered manager.

The provider had a policy and procedure for the safe recruitment of staff. We looked at seven staff files. We saw in the main checks had been carried out, prior to people being offered posts. These included identity checks, past employment history, references from previous employers and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. However, we found some information provided by two staff warranted further checks. This had not been carried out at the time of the recruitment. The registered manager has confirmed since our visit that the outstanding information regarding the staff had been obtained and they had also requested an updated DBS check. We found the registered manager responsive as, wherever possible, they addressed issues at the time of the inspection.

We found on the day of our inspection there were enough staff to meet people's needs. Staff we spoke with told us there was mostly enough staff to meet needs. They said at times if someone was poorly or there had been last minute sickness they could struggle but acknowledged that they could utilise staff from other units or the deputy or registered manager.

We completed a walk round of the home and saw that it was maintained in clean condition, tidy and predominantly odour free. We spoke with the domestics who told us they could do with some more hours in the late afternoon or early evening to be able to clean all the toilets a second time and the communal corridors. They said they had previously had evening hours and it had worked very well. The registered manager agreed it would be beneficial to have some domestic hours in the evening to be able to do a further clean of some areas. They agreed to look into this and discuss at a meeting with the domestic staff and housekeeper.



# Is the service effective?

## Our findings

The people we spoke to thought the service at Layden Court was effective. One relative told us, "The staff know [my relative] well, they always make sure they have got a drink, and they had trouble with their feet. They got the Chiropodist to sort it out straightaway." Another visitor told us how their relative had improved since they moved to Layden court, they said, "They [my relative] have gained weight and have settled." They explained their relative had previously been in another care home and had not been cared for well.

One person who used the service told us the staff are very good. They added, "I have no restrictions, I go to bed when I want, and get up when I want." We observed staff speaking with people at eye level and asking people what they would like prior to carrying out a particular task with or for them.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was meeting the requirements of the act.

People we spoke with told us staff asked for their consent to any care and treatment offered, and respected their choices. We saw best interest decisions had been made where people lacked capacity to make specific decisions. However, we found some consents signed by people's family were still in some care files, The registered manger was aware of that and told us they were in the process of taking all those out of files.

We observed lunch service on all units. There were three dining areas and we spent time in all of these. Predominantly lunch was calm, relaxed and a positive experience for people. People were offered choices and the meal served was well presented and looked appetising. Everyone we spoke with said they liked the food and we saw most people ate all of their meal.

We observed one person who used a wheelchair and had specific communication needs being offered a choice of drinks by a member of the care team by using signs and being spoken to. When they received their drink, the person took the staff member's hand and held it to her cheek, then they had a little dance to the background music, all this added to a homely, relaxed and calm atmosphere.

However, we observed that lunch on the upstairs unit was less relaxed and less well organised and the experience could be further improved. The music playing was very loud; staff were all standing at the server waiting for the food to be served and then rushing to and fro taking meals to people in their rooms. There was limited support provided to the people who sat at the tables in the dining area. We did not see many choices offered and when staff gave people their meal and drinks there was very little positive interaction. We discussed this with the registered manager who had already identified this and was looking at ways they could further improve the experience for people.

We also observed one person on the downstairs unit who would have benefitted from being provided with finger food.

We looked at people's care plans and found these included their dietary requirements and preferences. We saw that snacks, including fresh fruit, were available throughout the day, as were a selection of drinks. We also saw risk had been identified in plans of care and there were measures in place to manage risks.

The provider's supervision policy stated staff would be provided with supervision at least six times per year. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The registered manager told us these could include staff meetings, group supervisions and themed supervisions, where a particular topic was discussed in order to improve staff competence and understanding. We found staff on two units had been provided with regular supervision. However, on two other units staff had received less supervision during 2016 and 2017 than stated on the registered provider's policy. The registered manager had already identified this and had planned to complete staff supervisions with these staff as a matter of urgency.

The registered manager also told us that they had struggled to complete annual staff appraisals due to a shortage of unit managers. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. . The registered manager told us they had a plan in place to ensure all staff would be provided with an appraisal during 2017, and confirmed since our inspection that staff have received supervision to ensure they were given opportunity to discuss any concerns or issues with their line manager.

The management team used a training programme to monitor the training staff required, when it had been completed and when it required updating. The programme would identify when training was required. Staff also had the opportunity to access other specific training. Staff told us they had recently concluded a dementia mapping course, which had helped them understand people's needs who were living with dementia.

## Is the service caring?

### Our findings

People who used the service and their relatives all made very positive comments about the staff. We saw staff got on well with people. They respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.

All the people we spoke with at Layden Court thought the service provided was caring, that staff were kind, respectful and considerate. One person who used the service said, "If you come here to find fault, you'll find fault, I had a lifetime of doing that at work. But the thing is, they do a good job here, and they look after me well."

One relative said, "I witness them [the care team] approaching the residents, not just [my relative], and making sure they are alright, not just when people are calling for them, but just to make sure they are alright."

Another visitor we spoke with whose relative had only been in the service four weeks told us, "If you'd have known [my relative] four weeks ago, it's been a transformation. They are happy, they have had their nails done here this morning, the activity co-ordinator did that, they are having their hair done tomorrow, and someone's always coming to check on them. I am very happy with the care."

Another relative we spoke with was extremely positive with regard to the caring nature of the care team at Layden Court and the support offered. They said, "I just think that the staff are just caring and helpful. I just have to say would you do this please and they just jump to and help you." This relative cited an example, they had an issue with a blue chair in their relative's room, they told us, "I mentioned it to the administrator and the next time I came it was sorted."

Two relatives said they had no concerns about the standard of care provided to their family member. They said, "The staff are excellent, they make it like home, we have a laugh and that means so much" and "The care provided has always been good and I have no complaints about it."

We observed staff interacting with people and found they were caring and supportive. People told us staff talked to them and involved them in decisions.

People confirmed that their family members and friends were able to visit and were made welcome by staff.

A member of staff was identified as a dignity champion. However this had only recently been introduced and not all staff were aware who this was. However, staff told us, 'we are all dignity champions' and added they ensured people's dignity was respected at all times.

The registered manager told us the dignity champion role would be developed and they would be responsible for maintaining standards of dignity and respect throughout the home. People also had access to advocacy services. An advocate can speak up for someone who is unable to do this for themselves.

We saw some people had care plans for end of life wishes and decisions. However some were still to be completed the registered manger was aware of this and staff were working to complete these.

## Is the service responsive?

### Our findings

People and their relatives we spoke with all told us staff were very responsive to their needs. People we spoke with knew how to raise an issue of concern and spoke positively with regard to the changes that had been made since the current registered manager had been in post.

We found staff understood people's needs and knew how to meet their needs. From speaking with people it was evident their needs were met. Staff we spoke with were very knowledgeable about people's needs and we saw staff supporting people appropriately. However, care plans we looked at on one unit could give more detail to be able to understand how to meet people's needs and could have been better organised as some information was difficult to locate. The registered manager was aware of this and told us that they had recruited two new unit managers who were now in post they were gradually working through the care plans and reviewing and updating as required. We saw care plans that had been reviewed and these contained a good level of detail.

There were effective activities co-ordinator. They were committed to the activities being enjoyable and beneficial. People said that they took part in, and enjoyed, a wide range of activities and outings. One person said, "The activity person is very good, we all enjoy the activities organised." We saw information available regarding activities. These were displayed on the boards around the home regarding events that were coming up and events that taken place. Photographs of events and a calendar for annual events planned was also on display. The activities had considerably improved since the new registered manager had been in post.

We saw the registered manager has installed a small kitchen area at the end of the dining room on the downstairs unit, where activity co-ordinators could hold activity sessions baking and coffee mornings. This was a cosy area and had been decorated in a theme that would help people to recognise it as a kitchen. People told us they enjoyed activities in the kitchen especially baking.

People's religious and cultural needs were met. Staff recognised that religions have certain customs that need to be respected. A range of pastoral visitors and church leaders visited the home.

The service had a complaints procedure in place and it was displayed in the main area of the home. People and their relatives knew how to complain and they told us they would inform the registered manager if they were unhappy with their care. Relatives we spoke with told us that they had confidence in the manager. One relative said, "The manager is always approachable, I'm sure if I had a problem she'd take it in hand and sort it out, I have no concerns."

## Is the service well-led?

### Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. We found new systems had been implemented and required embedding into practice.

At this inspection we looked at records of audits completed to ensure the service was monitored to maintain a quality of service. The registered manager had completed audits and had identified all the areas we found that required improvement. There were action plans in place that indented the issues, timescales to be resolved and who was responsible for resolving. Some issues had taken longer to resolve as the recruitment of staff had only recently been completed. There were two new unit managers in post this meant that the deputy manager was no longer covering regular shifts and was able to fulfil their duties as the deputy.

There was a registered manager at the time of our inspection. 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 2008 and associated Regulations about how the service is run. The registered manager and the deputy were extremely passionate about ensure the best quality service was provided, to ensure people were safe and happy with their care and support. This ethos was being embedded into the staff team. Staff spoke highly of the management team and told us they enjoyed their jobs. Staff we spoke with told us they felt very well supported by the registered manager, deputy manager and nurses. They said the registered manager's door was always open and that she always made time for them if they went to her for advice and support.

People we spoke to and their relatives, told us of the improvements that had been made in recent times at Layden Court. They praised the registered manager and staff and told us the service was well led. One relative said, "The manager is strict and firm but very fair. " They went on to say, "The staff respect that."

There was evidence that people who used the service were listened to and their views respected. People's relatives told us they had been asked to fill in surveys, and the managers and staff listened to their opinions and comments. One relative said, "I am aware of the regular relatives meetings that are hosted at the home. I have attended one, but have been unable to attend any more." They added that was their choice not to attend. Another relative told us that they were aware that a questionnaire has been produced and available to complete to give feedback.

All the relatives we spoke with were aware of the relatives meetings on offer but there was a varied degree of commitment to attending. People told us this was because they could speak to the registered manager and staff at any time.

We also saw that staff surveys had been sent out regularly and there were regular staff meetings arranged. Staff told us communication was good and they felt listened to and all agreed they could raise issues in confidence with the management.

