

Mr & Mrs R A Haworth

Layton Lodge Residential Care Home for the Elderly

Inspection report

1 Bispham Road
Blackpool
FY3 7HQ
Tel: 01253 393821
Website: None

Date of inspection visit: 04/02/2015
Date of publication: 27/05/2015

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



Overall summary

The inspection at Layton Lodge was undertaken on 04 February 2015 and was unannounced.

Layton Lodge provides care and support for a maximum of 18 older people. At the time of our inspection there were 14 people who lived at the home. Layton Lodge is situated in a residential area of Blackpool. Most bedrooms are en-suite with communal bathroom and

toilet facilities available. In addition there are two communal lounges and a dining room. There is a passenger lift that offers ease of access for wheelchair users between floors.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

At the last inspection on 08 August 2013, we asked the provider to take action to make improvements to how people's care and welfare were maintained and how people's medicines were managed. We also asked the provider to take action to improve quality assurance monitoring systems. We further requested the provider to undertake improvements in how records were maintained at our follow-up inspection on 26 November 2013. At the follow-up inspection on 12 February 2014 we observed improvements had been completed and the service was meeting the requirements of the regulations.

During this inspection we spoke with people and their relatives, who told us they felt safe. We saw systems were in place to protect people against abuse and staff demonstrated a good understanding of related principles. We noted staff interacted with people in a caring and supportive manner. We observed people received their medication safely. Staffing levels were adequate to meet people's individual needs in a timely manner.

However, we found concerns with how the registered manager recruited staff. Policies and related procedures were not always followed and records were not effectively maintained. You can see what action we told the provider to take at the back of the full version of this report.

Staff demonstrated a good understanding of people's individual needs and preferences. Communication systems were effective in responding to people's changing needs. People and their representatives told us they were involved in their care and were supported to make day-to-day decisions. We observed staff monitored their safety, without excessively limiting individual freedom. We observed people's privacy and dignity was maintained throughout our inspection. For example, staff knocked on people's doors before entering their bedrooms.

Care records were regularly reviewed and were designed to enhance people's independence. For example, staff had assessed and documented each individual's strengths and support requirements.

Staff told us they were supported to access appropriate training to carry out their duties. Training records we checked confirmed staff had received guidance relevant to their role. However, we received mixed messages from staff about the support they received from the registered manager and the working culture within the home. We were told people's views were sought about the quality of care they received. However, we noted systems in place were not always effective.

We have made a recommendation about ensuring people and staff are enabled to feedback effectively about the service.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements.

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.

People told us they felt safe whilst living at the home. The registered manager had systems in place to protect people from the risk of abuse.

The registered manager had not always followed effective recruitment and induction processes to protect people against unsafe recruitment.

We noted staffing levels were adequate to ensure people's needs were met.

We observed medication was administered safely.

Requires improvement



Is the service effective?

The service was effective.

Staff were sufficiently trained and knowledgeable about the needs of people they supported. They assisted people to make basic decisions and did not limit people's freedom. There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's changing health needs were monitored and continuity of care was maintained.

People had adequate support to meet their nutritional and hydration needs.

Good



Is the service caring?

The service was caring.

We observed staff assisted people by using a caring and supportive approach. People told us they felt staff protected their dignity and confidential information at all times.

People and their representatives told us they felt involved in their care planning and assisted to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Staff demonstrated a good understanding of how to respond to people's changing requirements in order to maintain their continuity of care.

People told us they were fully occupied whilst living at the home and their care records showed support was personalised to their individual needs.

The home had a complaints policy in place and people told us they knew how to complain if they chose to.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

We were given mixed messages about the support staff received from the management team. Systems in place to enable staff to feed back about quality assurance were not always effective.

People told us they felt the service was well-managed. However, systems in place to enable people to feed back about quality assurance were not always effective.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Requires improvement



Layton Lodge Residential Care Home for the Elderly

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.

The inspection team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 04 February 2015 we reviewed the information we held about Layton Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts and comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the Local Authority in relation to people's safety at Layton lodge.

We asked the provider to complete 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. The provider's PIR showed us they were aiming to focus upon staff training and to update staff in relation to whistleblowing procedures. We used the information held by CQC to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about Layton Lodge. They included the registered manager, two care staff, four people who lived at the home and one relative. We also spoke with Healthwatch Blackpool and the commissioning department at the local authority. They told us they were carrying out checks in relation to the provider taking action upon improving measures and systems in place to manage infection control. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at Layton Lodge and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

When we discussed safety with people and their representatives, they told us they felt safe. One person said, “Oh yes, we feel safe.” Another person stated, “I’ve never seen anything I don’t like.” A relative told us, “[My relative] is very safe here. We go home feeling completely reassured that [my relative’s] safe, well and happy.”

However, we found concerns with how people’s safety was maintained by the effective recruitment of staff. The management team had not always followed the policy in place and there were inconsistencies with how staff were recruited. For example, staff records indicated one individual’s reference checks had been obtained after they were employed. The relevant criminal record checks for another staff member were recorded as having been obtained after their employment start date. The registered manager told us this was a recording error in staff files.

However, induction checklists, intended to support new employees in the workplace, were brief. For example, no further records of outcomes or identified training issues were documented. We further noted that, where applicable, staff probationary risk assessments were not in place. This meant people were at risk from the unsafe recruitment of staff because the registered manager did not have effective systems or accurate records.

We found that the registered manager had not protected people against the risks of unsafe recruitment. This was in 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 Fit and proper persons employed.

We checked how staff recorded and managed accidents and incidents within the home. Documents we checked included an outline of how events occurred and how the management team had acted to reduce the risk of re-occurrence. This meant the registered manager had reduced the risk to people of receiving unsafe care by having appropriate systems in place to manage risk.

Staff we spoke with had received recent training in safeguarding and knew the process to follow if abuse was suspected. Training records we reviewed confirmed staff had received related information. A staff member said, “If I had concerns, such as hearing another staff member

shouting at a resident, I would speak to the staff member first and then inform [the registered manager]. I would also report to the owner if necessary and inform CQC and the local authority.” In relation to poor practice, another staff member told us, “I would feel confident to whistle-blow if required.”

Care records contained an assessment of people’s needs, which lead into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks related to, for example, behaviour that challenged the service, trip hazards, falls, mobility and nutrition. This showed the registered manager had arrangements in place to minimise potential risks of receiving care to people it supported.

However, we noted risk assessments held limited information about managing people’s safety and were not always regularly reviewed. Additionally, the documents tended to be reactive to events, rather than forming part of the individual’s overall care records. For example, risk assessments were sometimes implemented after a person had a fall. This meant recorded actions were not always pre-planned in order to reduce the potential risks to an individual. We discussed this with the registered manager who assured us related processes would be reviewed to ensure people’s ongoing safety was maintained.

Following information of concern we received from Healthwatch Blackpool about minor issues with infection control, we checked processes the registered manager had in place. When we toured the building we found it generally clean. However, we noted the kitchen window was dirty and a used incontinence pad was inappropriately disposed of in a bedroom bin. The registered manager assured us these issues would be attended to as a matter of priority.

We saw posters in bedrooms and at various points within the home advising staff, people and visitors about hand hygiene. We noted there were ample products, such as paper towels and hand gels, to aid safe procedures. Various policies and procedures were in place to ensure staff understanding of infection control procedures in relation to food handling, laundry, viral outbreaks and first aid. Hand hygiene audits had been undertaken on a monthly basis. This meant the registered manager had in place procedures to minimise the risk of infection to people who lived at the home.

Is the service safe?

Infection control records were maintained to evidence tasks had been completed. A staff member told us, “The cleaning book is completed once tasks are completed.” One person confirmed, “It’s clean and fresh.” A relative said, “The place is always clean and tidy and there are no unpleasant odours.”

We checked staffing levels the registered manager had in place to establish if there were enough staff to meet people’s needs. We saw there were sufficient numbers of experienced staff and other team members covered sickness to ensure continuity of care. One person told us, “Sometimes there’s not enough staff, but I don’t have to wait often.” However, another person said, “When I buzz, they are down in 2 seconds.” A relative told us, “There’s plenty of staff on. [My relative] says she’s supported well. They’re never rushing about and have time to sit and chat with the residents.”

A staff member said, “I’m happy with the staffing levels. If a member of staff had to escort a resident to a medical appointment an additional carer was put on the rota. We have time to sit with people and talk during the afternoon.” We noted there was an additional member of staff on duty

during our inspection because one person required support to attend a hospital appointment. This showed the registered manager had provided adequate staffing numbers to meet people’s ongoing needs.

We observed medication was dispensed and administered to people in a safe, discrete and appropriate manner. This followed the policy and procedures in place. One person told us, “The staff give you your tablets at the right times.” A relative confirmed, “The staff give [my relative’s] medication. Again, I am reassured [my relative] is safe because the staff are making sure she has her tablets properly and doesn’t forget them.”

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping and medication was stored safely. We noted staff dispensed medicines in a friendly and supportive manner. All the staff who administered medication had received training to underpin their skill and knowledge. This ensured medication processes were carried out using a safe and consistent approach.

Is the service effective?

Our findings

People and relatives we spoke with told us they received support that met their needs by well-trained, experienced staff. A relative said, “I am fully confident and have seen for myself that the staff are properly trained and experienced in their job.”

Staff told us they received appropriate training to assist them to carry out their responsibilities effectively. The registered manager told us, “We’re focusing on training this year. The senior carer is starting their NVQ [National Vocational Qualification] level 4.” A staff member confirmed they had achieved an NVQ level 2 health and social care qualification. They stated they had received further training in infection control, dementia awareness and falls risks in the past year. This demonstrated staff were supported to access training in order to underpin their skill and knowledge.

Staff files we reviewed demonstrated staff received training appropriate to their roles. Staff told us they received supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. However, we noted records of supervision meetings were brief and appraisal documents did not refer to training requirements. One staff member told us their appraisal was not helpful in their professional development. We discussed this with the registered manager, who assured us this would be reviewed as a priority.

We observed people were relaxed and comfortable during our inspection and staff demonstrated they understood their individual needs. For example, we noted staff used a friendly and supportive approach when they interacted with people on one-to-one basis. Staff communicated with people using an effective approach when undertaking support tasks. For example, tasks were explained clearly and we observed people understood what was being discussed.

Care records contained evidence of people’s consent to their care and support. Where people refused or were unable to do so, this was documented appropriately. Information included reference to people’s choices with regard to, for example, meals, fluids and spiritual needs. We observed staff consistently supported individuals to make

decisions throughout our inspection. For example, staff offered people a choice of meals, drinks and where to sit. A staff member told us, “We ask people first if they want to wash their face, for example, just so they feel we’re not taking over. I always ask people if they want to do an activity, I don’t just take them in.” A relative stated, “[My relative’s] freedom is not restricted and the staff and other residents are like her family.”

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There had been no applications made to deprive a person of their liberty in order to safeguard them. We noted staff checked on people regularly without over-monitoring individuals or limiting their freedom of movement. A relative told us, “The staff keep an eye on [my relative], but she’s free to move about the home without any limitation.” A staff member said, “If someone refused our support we wouldn’t force them. We try to explain things and work within their best interests.”

We observed lunch being served and found the quality of food provided was home-cooked and of a good standard. Meals and blended diets, for people with swallowing difficulties, also looked appetising. People were supported in an effective and discrete manner. For example, we saw one person with swallowing problems being assisted with their nutritional needs appropriately.

We reviewed care records and found individuals were protected against the risks of malnutrition. For example, people’s weights were checked regularly and malnutrition risk assessments were in place. Where concerns arose, such as loss of weight, we noted staff contacted the GP for advice. One person told us, “You can’t grumble about the food.” Another person said, “It’s very good, I eat all of it.” A third person explained, “I enjoy my food. We’ve had a nice dinner today.” A relative told us, “The food is fantastic. [My relative] loves it. It’s home-cooked and wholesome. It appears nice and there’s plenty to eat and drink.”

Is the service effective?

We checked communication systems the registered manager had in place to ensure people's changing needs were met. A staff member told us, "Updates on residents' needs are discussed at the handovers between shifts, via

the daily reports and using the information book." Another staff member said, "If there's an emergency the [management team] are on call." This showed good communication processes were in place.

Is the service caring?

Our findings

We saw staff engaging with people in a respectful and caring manner. People told us they found staff were compassionate and supportive. One person said, “They care for us marvellously.” Another person stated, “They are very, very helpful.” A third person explained, “They are very nice with you. We can have a joke with them.” A relative told us, “The staff are extremely caring, supportive and respectful. They talk with people appropriately and make us feel welcome.”

We observed staff protected people’s privacy and dignity throughout our inspection. For example, staff knocked on people’s doors and spoke with people in a friendly and caring manner. A staff member told us, “Dignity is about basic stuff, like keeping curtains and windows closed when we attend to residents’ needs and knocking on people’s doors.” One person confirmed, “They don’t let you stand there with nothing on.” A relative said, “They are very protective of people and ensure [my relative’s] and the other residents’ dignity are maintained at all times. They’re a caring bunch of people the staff.”

We reviewed three care files to check if these were personalised to people’s individual needs. We found records were comprehensive and included an in-depth evaluation of people’s strengths and needs. This was designed to help staff to understand how to assist individuals to maintain their independence. A staff member told us, “We encourage people to try and keep their independence.”

Care files included documented evidence about people’s preferences to, for example, food, fluids and spiritual needs. People and their representatives told us they were involved in their care planning. A relative confirmed, “They discussed [my relative’s] care needs with us in great depth. The manager wanted us to give as much detail as possible to make sure they would get the care right.” On discussing being involved in people’s care, the relative stated, “I’m involved in my [relative’s] care as much as I want to be.” A

staff member told us, “We spend time with new residents, discussing their needs and explaining the routine at the home.” This meant people were protected against inappropriate care because the registered manager had ensured they were involved in their care planning and their records were personalised.

Staff demonstrated they had a good understanding of people’s needs. A staff member told us, “I love working with older people and it makes me happy seeing the residents with a smile on their face. Attitude is so important. I’ll also go out of my way for people we look after. You have to be committed in this job.” One person confirmed, “The girls are brilliant. If we ask them they will get us what we want from the shops.” A relative told us, “The fact that the home feels like one big family is so important. It’s so warm and friendly.”

People told us they were enabled to maintain their important relationships with family and friends. We observed private space was available for people and their relatives to share quiet time together. Family members were encouraged to visit during the day without restrictions and were made to feel welcome, for example, by being offered drinks. A relative told us, “We’re encouraged to visit as often and whenever as much as possible. That’s so important to us to retain our relationship and help [our relative] with their confusion.”

Where people had limited capacity to make decisions we noted the management team and staff supported individuals appropriately. For example, advice was sought from advocacy services. The registered manager told us, “We had recent issues with a resident on end of life care. I wrote to her only contact, but we’ve had no response. We’re supporting her, but feel for her not having any family support. We contacted advocacy to involve them so that she has a proper voice.” People told us they felt their personal information was securely maintained. We observed records were stored in an appropriate manner to ensure people’s confidentiality was upheld.

Is the service responsive?

Our findings

People and their representatives told us they felt staff were responsive to their individualised needs. One person said, “It’s my home now.” On choosing care homes, a relative explained, “On arrival we found Layton Lodge had a wonderful and welcoming atmosphere. [My relative] wanted to stay immediately, which says a lot about the home. [My relative’s] not regretted it and neither have we.”

We observed people were able to individualise their rooms with their own personal items. We observed staff treated people with respect throughout our inspection and assisted people to make basic decisions. For example, staff confirmed what individuals wanted to eat and drink and where they wanted to sit. This showed staff checked people’s preferences and were responsive to their individual needs.

Care records were personalised and regularly reviewed to ensure staff responded to people’s changing care requirements. We saw pre admission assessments, which included documentation of their social needs, and an assessment on admission that was reviewed monthly. The initial care plan was produced by the management team and evolved over time when staff further understood people and their support requirements. The care plans were available in the manager’s office and staff were encouraged to read them regularly. A staff member told us they rated the care from the other staff and registered manager highly. The staff member stated, “I tried to get my granddad here.”

Our discussion with staff demonstrated they understood how best to meet people’s changing needs. A staff member told us, “If we were concerned about someone we would check with [the registered manager] first then we would ring an ambulance if need be. We also record this and inform the next of kin and GP.” A relative confirmed, “The manager keeps us informed of any changes and any appointments with the hospital.”

We checked how staff worked with other providers in ensuring people’s changing needs were met. The registered manager discussed one person whose health had deteriorated recently and was receiving end of life care. The

registered manager told us, “We have put lots of support in place and the District Nurses are coming in to attend to pressure relief. We have started turn, fluid and food charts to monitor [the individual] properly.”

Where an individual’s health needs had changed, staff worked closely with other providers to ensure continuity of care. This included GPs, the community falls team, psychiatrists, opticians and District Nurses. Care files contained a record of professional visits and appointments, as well as documentation of actions taken. The registered manager ensured people were supported to maintain their health by having access to other services.

We observed people were relaxed and active during our inspection. Individuals were supported to engage in a variety of activities. We noted people interacted well with each other and were supportive of others. Staff encouraged all the individuals to join in during general conversations. This showed people were supported to be a part of the community within the service and increased opportunities for social inclusion.

Although we noted there was no structured activity plan in place, people told us they were fully occupied. Activities included singing, dancing, bingo, entertainers, skittles and jigsaws. One person told us, “We have people who come in and sing. They are brilliant.” Another person said, “We had a marvellous Christmas Party.” A third person stated, “We sunbathe in the garden in the summer.” A fourth person told us, “We have games. We sing and we dance.” However, people additionally expressed a desire to go out more frequently. One person said, “There is nobody to take me out in my wheelchair.” We raised this individual comment with the registered manager because we noted staffing levels were sufficient to support this person to go out more frequently. We were reassured that the management team would review this in order to meet this person’s specific needs.

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. At the time of our inspection there had been no complaints. We discussed the management of complaints with staff, who demonstrated a good understanding of the various processes. One staff member told us, “If a resident made a

Is the service responsive?

complaint I would inform the manager.” Another staff member explained, “I know how to handle complaints. This includes recording them in care plans and the incident book.”

People and their representatives told us they felt their concerns were listened to and managed appropriately. One

person said, “The best thing is to go to the manager if you have concerns.” A relative stated, “I would know how to complain if I needed to. They have given me information about this. I have never needed to and would not change a thing.”

Is the service well-led?

Our findings

People we spoke with told us they felt the service was well-led. One person said, “If I had any concerns I would go to the manager or the deputy manager.” One person stated, “It’s a well-run ship.” A relative told us, “The manager is very caring and works hard. She’s always with the residents and leads the staff team well.”

Staff felt they worked well as a team. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose.

However, we received mixed comments from staff about the management philosophy and working culture within the home. One staff member stated, “I feel supported by the management. If there was a problem I could speak to them at any time.” However, another staff member told us they did not always feel supported by the management team.

Our conversations with staff demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and all staff we spoke with stated they felt the manager worked with them. The staff member who felt unsupported by the registered manager acknowledged, “[The registered manager] is very helpful with regard to the workload.”

We were told staff meetings were held every month. We checked the minutes from the last meeting held on 27/01/2015, which looked at staff annual leave, fire safety and Christmas activities. However, the minutes did not include a list of attendees and one staff member told us, “We had one staff meeting last Tuesday. Prior to this I think we had one 2 years ago.” We raised these conflicting messages with the registered manager, who assured us these would be reviewed as a part of the ongoing management of the service.

The registered manager told us resident meetings took place on a monthly basis. They stated, “I check if they’re

happy with everything like the food and activities. We minute this and if they’re not happy with anything we’ll try something else.” However, people reported to us that they had not attended any meetings with the registered manager. We saw minutes from the last meeting held on 29/01/15, which listed topics such as entertainment and what games people would like to be purchased. However, the minutes did not include a list of attendees and we were told the meetings were informal approaches to people in the communal areas. The registered manager assured us meetings with people who lived at the home would be more formalised.

We found people were supported to provide feedback through annual satisfaction surveys. We looked at the last two surveys undertaken in May 2013 and May 2014. These showed people were satisfied with the service they received. However, the questionnaires were brief and did not always enable people to feedback anonymously if they chose to.

We noted the service safety certificates for gas and electric were up-to-date. We found the registered manager had a range of audits in place to assess the quality of the service provided. This included a monthly matrix of provider checks. The document looked at, for example, accidents, maintenance, hand hygiene, medication, risk assessments and care plans. We checked the records for January and February 2015. We noted the audit identified actions required and evidence of improvement over time.

The registered manager told us they worked closely with an external company to drive up standards and had received a five-star rating for quality assurance for 2014-15. The external assessor had checked and rated the service against a variety of key areas. This included care provision, admission and assessment processes, facilities, health and safety, communication and management.

We recommend that the registered manager refers to current guidance about ensuring people and staff are enabled to feedback effectively about the service.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not in place to ensure the person was suitable for their role. Regulation 19 (1)(2)(3)