

Layden Court Care Home Ltd

# Layden court Care home

## Inspection report

All Hallows Drive  
Maltby  
Rotherham  
South Yorkshire  
S66 8NL

Tel: 01709812808

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

### About the service

Layden Court is a care home. The service can accommodate up to 92 people in a purpose-built building and provides personal and nursing care for older people, including people living with dementia. There were 46 people using the service at the time of the inspection.

### People's experience of using this service

People had benefitted from improvements to the quality and safety of the service. Following our last inspection. The registered manager and provider had devised an action plan and continued to make improvements and embed these changes into the running of the service. There were still some minor improvements required in regard to medicines management and the environment. However, these had been identified by the provider's quality monitoring system and were part of their ongoing improvement plan.

We have made a recommendation that documentation of medicine management is consistent and embedded into practice.

Relatives felt listened to and told us complaints were appropriately dealt with and resolved. People told us their views were obtained to continually drive improvements. Feedback from staff was extremely positive about the improvements to the service, they worked better as a team and were well supported.

Staff ensured people's safety and people told us they felt safe. Staff understood safeguarding and whistleblowing procedures. There were sufficient staff employed to meet people's needs and staff responded to people's needs in a timely way. The provider operated a robust recruitment process and monitored accidents and incidents, which ensured staff learned lessons when things went wrong. Risks to people were identified, assessed and managed. People were protected from the risk of infection.

Staff were well-trained and received supervision and support. They were knowledgeable about people needs and provided person-centred and individualised care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by dedicated staff, who were motivated to provide safe, high quality and individualised care and support. People and their relatives told us how staff were caring and kind. People received appropriate care and support in line with their needs, and documentation around people's care and support helped evidence this.

The registered manager had worked hard to make the required improvements, this demonstrated their commitment to driving improvements in the safety and quality of person-centred care. The registered manager was aware of their regulatory responsibilities and obligations. The service worked in partnership

with a wide range of healthcare professionals and external services, to ensure people had access to care and support appropriate to their needs, and to prevent unnecessary admissions to hospital. Professionals working with the service gave positive feedback about the improvements in the care and support people received.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 10 August 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Layden Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow Up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Layden court Care home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two 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.

#### Service and service type.

Layden court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 1 March 2023 and ended on 13 March 2023. We visited the home on 1 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We received feedback from professionals who worked with the service. We spoke with 12 members of staff including the nominated individual, registered manager, deputy managers, registered nurses, team leaders, care staff and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider failed to ensure safe medicines management. This was a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed and staff administer medicines safely. People told us they were given their medicines on time. Relatives said medicines were given safely, one relative said, "The GP visits every week, if there are any problems the staff let me know."
- Staff received training in medicines management and the registered manager assessed their competency in administering medicines.
- We found some minor issues with documentation, for example, staff did not always formally document receipt of medicines or carry over any remaining medicines. The provider's quality monitoring systems had identified this and picked up lack of consistency between units. The registered manager had implemented additional measures to ensure consistency and was auditing more frequently to embed practices.

We recommend the provider ensures regular audits are carried out and any issues addressed immediately with staff to embed new practices.

### Preventing and controlling infection

At our last inspection the provider failed to ensure safe infection prevention and control measures were in place. This was a breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service was clean and well maintained. Domestic staff followed cleaning rotas. Staff had received training in infection prevention and control and followed policies and procedures which met current and relevant national guidance. People told us they thought the home was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service facilitated visiting to enable people to maintain contact with people who were important to them. The provider followed current government guidance. We witnessed visitors on the day of our inspection and the beneficial impact this had on people's emotional well-being.

### Assessing risk, safety monitoring and management

At our last inspection the provider failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager assessed and managed risks to people to keep them safe from avoidable harm. Staff supported people to take positive risks to maintain an independent lifestyle.
- Improvements had been made to managing and responding to risk. For example, weight loss and incidents and accidents.
- People and their relatives were involved in their care planning as much as possible and care records detailed people's involvement. Relatives told us they were extremely happy with the care and support people received. One relative said, "The staff are really friendly and always informing you what [relative] has done and what's happened, keep you informed."

### Staffing and recruitment

At our last inspection the provider failed to ensure staff were effectively deployed to meet people's needs. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to meet people's needs. The registered manager had employed additional staff and used a dependency tool to assess the number of staff needed to support people safely. People and relatives told us there was always staff available.
- People and relative's, we spoke with confirmed there were enough staff on duty to meet needs. One relative said, "There's more than enough staff on [duty] now, more than a year ago, there used to be only two on and a nurse and there's always four carers on now."
- The registered manager carried out appropriate recruitment checks prior to staff starting work to ensure they were suitable to work with vulnerable people.



Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff made them feel safe. One person said, "Safe? I feel safe, yes."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- People told us they were safe, and relatives told us staff kept their family members safe. One relative said, "[Relative] is safe, I go home and think, yes, they are okay."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. They also used audits to identify any shortfalls and put measures in place to improve practices and embed these into the running of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure they were working within the principles of the Mental Capacity Act. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff and the registered manager followed the principles of the MCA. They were aware of their responsibilities and involved people as much as possible in day-to-day decisions. Where people lacked capacity, decisions had been made in their best interests and the relevant people were involved in the decision-making process. This was clearly detailed in plans of care.
- People said their choices and decisions were respected. One person said, "I'm independent and they [staff] let me do what I can. I'm quite happy."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably competent, skilled and

experienced, which is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received an appropriate induction and training to enable them to provide effective care. Staff responded to people's needs appropriately and followed best practice. One staff member told us, "We have had lots of training recently, sometimes too much, but I know we need to be updated."
- Staff were well supported by the management team and received appropriate supervision. One staff member said, "Managers are there when we need them, training is in place, when I have questions there is always someone there to help and give answers."

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

- Care plans detailed people's likes, dislikes and any foods which should be avoided.
- Mealtimes we observed, were pleasant, relaxed and people received the appropriate support. For example, we observed staff ask people if they required their food cutting up, this was done in a quiet sensitive way.
- Most people told us they liked the food, had choice and could request something different if they wished.
- Staff monitored people's weights and referred people to appropriate health care professionals when required.

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

- The environment was well maintained, clean and pleasantly decorated. People had access to safe outside space and quiet areas to sit and see relatives in private.
- Since our last inspection the provider had made some adaptations to the environment to make it more suitable for people living with dementia. However, this was still work in progress and some areas were still not very dementia friendly. The registered manager shared her action plan which detailed the further works and improvements that would be done. Following our inspection, a photo was sent of a café area that had been improved.
- The registered manager and provider demonstrated a commitment to ensuring the environment continued to improve to meet the needs of people living with dementia.

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

- People's needs were assessed before any service was provided to ensure their diverse needs could be met. People's care plans included their preferences, choices and decisions and staff delivered care in line with best practice guidance.

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

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GP's and speech and language therapists. We saw evidence in people's care plans of professional input.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to ensure people received person-centred care that met their needs. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff were kind and caring. They showed compassion, respect and empathy and valued people as individuals. The management team lead by example and were passionate about ensuring people received the best possible care and support. Relatives were very positive about the care and support provided and told us they had seen vast improvements over the last few months. One relative said, "It is so much better, it is a good home now. Staff attitude is so much better, I am glad I kept [relative] here, the staff are well supported and now understand people's needs." They added, "The unit manage is exceptional."
- Care and support was delivered in a non-discriminatory way. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People's privacy and dignity was maintained. For example, staff knocked on bedroom doors before entering and ensured curtains and doors were closed when providing any personal care. One relative said, "I see them [staff] treat people with dignity and respect."
- Staff promoted people's independence. We observed staff support people to do tasks in their own time. People we spoke with told us staff helped them and didn't rush them, they supported them to be independent.

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

- Staff supported people to make decisions about their care. We observed staff asked for their consent before supporting them.
- Staff learned about people's needs, history, background, preferences, interests and key relationships in order to provide person-centred care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. From our observations and what people told us, it was evident that staff understood people's needs and ensured care plans were followed.
- The provider employed a full-time activity coordinator. They had been in post approximately 10 months. They were still learning. They told us their knowledge around working with people living with dementia was limited; but were enthusiastic to learn and improve people's quality of life.
- We observed group activities taking place during our visit, staff were encouraging people to join in and take part. This was done sensitively and in a polite way. There was also a new café being set up, one relative said, "I am assisting with a new coffee shop, making cakes there are 2 of us that do it. We raise funds for the residents."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the standard and all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff followed people's communication care and support plans to communicate effectively with the people they supported. Relatives told us communication methods had greatly improved since the new registered manager had been in post.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and complaints were clearly recorded, including any lessons learned and resolution. Relatives told us they were listened to and concerns were taken seriously and resolved. One relative said, "The manager is very approachable, their door's always open if you need to talk."

### End of life care and support

- People's needs were considered as part of the end of life care. Care plans were developed with the person to ensure they were person centred and included their wishes, choices and decisions.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure sufficient and adequate systems were in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had developed a more robust quality monitoring system to drive improvements. We saw improvements had been made. The provider had an ongoing improvement plan that was continually reviewed and monitored. Whilst some improvements had not been completed at the time of our visit they had been identified and were part of the plan.
- The registered manager shared any learning from audits with staff to drive improvements. For example, they reviewed and analysed the findings of accidents and incidents and shared these with staff to prevent reoccurrence.
- Staff were happy in their roles and felt supported by the management team. They told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "I find that the current management team are really trying to better the home. I find at present that the management team are very supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team demonstrated an open and positive approach to learning and development. They were passionate about improving the service to ensure positive outcomes for people they supported and staff.
- The registered manager understood their legal requirements and complied with their duty of candour responsibilities. Staff spoke highly of the registered manager. One staff member said, "I feel great pride and passion about working at Layden Court. It is a beautiful home, and the staff are the salt of the earth and now that we have such a fantastic manager to lead us and a good solid team of people who really want to be here, I think we have everything we need for the future to make Layden really good again."

- People told us staff and management kept them informed of any issues and concerns and were open and honest. One person said, "She's [registered manager] not been here long really, about six months. When she came, she'd got a hell of a job on to get this place up to standard and she's done a hell of a good job. I keep saying I'm in the right place at the right time."
- Relatives spoke highly of the registered manager and told us they were kept informed of all changes and updates. One relative said, "The manager has changed the culture for the better, it was a big job, but she has managed it."

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- The registered manager had systems in place to communicate with people who used the service, staff and relatives. We saw meeting minutes and people's views were sought and listened to, to ensure continuous improvement of the quality of the service. Relatives told us communication had improved
- Staff meetings were held to get their views and to share information. Staff confirmed meetings were held which were effective. They also told us the management team were very approachable and listened and they felt valued. One staff member said, "I have seen a huge change since the last inspection. From staffing levels to communication; I find everything to have improved on some level. I find working at Layden Court a joy again."

Working in partnership with others

- The registered manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.