Laywell House Limited

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Inspection report

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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

Laywell House Limited is registered to provide personal care and support for up to 30 older people who may have a physical disability. At the time of the inspection there were 27 people living at the home. Laywell House is an 18th century detached building located within its own gardens in a residential area of Brixham.

There was a registered manager employed at the home at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.'

At the last inspection, the home was rated Good. At this inspection, we found the home remained Good.

Why the home is rated good:

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm; protect people from any type of discrimination and ensure people's rights were protected. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. There were enough staff to provide care safely and to support people. Checks were carried out on staff before they started work to assess their suitability to support people who use care services. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely. The home was clean, well maintained, and people were protected from the risk of cross contamination and the spread of infection as staff had access to personal protective equipment (PPE) and received training in infection control.

The home was effective in meeting people's needs. People's health and wellbeing were promoted and protected as the home recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences. Staff received the supervision and training needed to meet people's needs. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice. We have made a recommendation in relation to the recording of best interests decisions.

People received a service that was caring. People were cared for and supported by staff who knew them well. Staffs were kind, caring and treated people with dignity and respect. People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

The home was responsive to people's needs. People received person centred care and support which promoted their health and wellbeing and enhanced their quality of life. People were aware of how to make a

complaint and felt able to raise concerns if something was not right .The provider and registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

People benefitted from a home that was well led. The vision, values and culture of the home were clearly communicated to and understood by staff. A comprehensive quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified, they were acted upon. There was an open culture where people and staff were encouraged to provide feedback. Staff felt they received a good level of support and could contribute to the running of the home.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Laywell House Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 comprehensive inspection took place on 9 and 29 November 2017 and was unannounced. The inspection team consisted of one adult social care inspector. The home was previously inspected in September 2015 when it was found to be 'Good' in all areas.

Prior to the inspection, we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed the information we held about the home and notifications we had received. A notification is information about important events, which the home is required to send us by law.

During the inspection, we met most people and spoke individually with nine people living at the home as well as two relatives; seven staff the registered manager and the nominated individual. We asked the local authority who commissions the service for their views on the care and support given by the home and received feedback from one visiting health professional. We also spoke with five representatives of the home's management committee.

To help us assess and understand how people's care needs were being met, we reviewed six people's care records. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the home: these included four staff recruitment files, training records, and systems for monitoring the quality of the services provided.

We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Good

Is the service safe?

Our findings

The home continued to provide safe care to people. People told us they felt safe living at Laywell House and had confidence in the staff supporting them. One person said, "I do feel safe, the staff are lovely, lovely people," and another said, "I'm very happy living here, I have made some wonderful friends, the staff are marvellous it couldn't be any better."

People were protected from the risk of harm and abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. Staff were aware of the home's policy on safeguarding and told us if they had any concerns they would report them to the registered manager. They were confident they would be followed up appropriately.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at four staff files, which showed a full recruitment process, had been followed, including obtaining disclosure and barring service (police) checks.

People were kept safe because there were enough skilled and experienced staff on duty to keep them safe and meet their needs. People told us there was always plenty of staff available when they needed them. One person said, "I never have to wait very long for someone to come." Throughout the inspection, we saw staff had time to spend with people and when people needed assistance they did not have to wait.

We looked at how the home managed people's money and found the home held small amounts of money on behalf of people to allow for purchases during trips away from the home or local shops. We checked three people's financial records and found these balanced and were being managed safely. Records showed that receipts were obtained for all money spent and staff signed these. Each person's ability to manage their finances had been risk assessed and a member of the home's management team regularly audited people's balance sheets.

People received their medicines when they needed them and in a safe way. Medicines were stored safely and records were kept of all medicines received into the home. Staff told us they had received training in the safe administration of medicines and records confirmed this. Medicine administration records (MARs) showed people received their medicines as prescribed. We checked the quantities of a sample of medicines against the records and found them to be correct. Body maps were used to provide staff with details of the area to which topical creams should be applied.

Medicine audits were completed regularly to help ensure any errors were quickly identified. The registered manager told us this had led to staff having protected time to book in people's medicines. We spoke with two members of staff who told us this had made a big difference and reduced the potential for medicine

errors to be made. An independent pharmacist had completed an audit of the homes medicine management systems in May 2017. We looked at the report and found this had not identified any concerns in the way people's medicines were being managed.

People received support to manage known risks to their health and well-being. Risk assessments identified areas that could put people at risk such as falls, mobility, skin integrity, poor nutrition and self-neglect. Care plans contained strategies for staff on how to support people safely whilst enabling them to retain their independence as far as practically possible. Staff involved healthcare professionals when needed on how to provide safe care. For example, a person at risk of falls received support from an occupational therapist on how to use a walking aid to mitigate the likelihood of falling. Staff had guidance on how to provide safe care by supporting the person to stand up from a chair and ensuring they kept the environment around them free from obstacles.

Where accident and incidents had occurred these were recorded, including information about the time, location and who was involved. This was so the registered manager could review the information and take appropriate action to reduce any re-occurrence.

We reviewed the home's fire safety precautions. Records showed that routine checks on fire equipment and premises safety were being completed regularly. The registered manager informed us they had recently been inspected by Devon and Somerset Fire Service, who had made a number of verbal recommendations in relation to the home's fire safety arrangements, but were awaiting the report. Following the inspection the management committee sent the Commission a copy of their action plan to show what action they had taken to reduce and mitigate any risks identified by the fire officer report. We spoke with the fire officer who confirmed he did not have any immediate concerns about people's safety.

Equipment owned or used by the home, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. Appropriately skilled contractors had completed all necessary safety checks and tests.

The home was clean, well maintained and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control.

The home had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan, which contained information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. This helped ensure the most vulnerable people were prioritised. The registered manager explained that during such times they would also provide support to the people who lived in three self-contained adjoining flats as 'good neighbours'. We explored this decision with the registered manager and nominated individual and discussed the impact this might have on the homes staffing levels especially during the night when there were two waking night staff. Following this discussion, a decision was taken to increase the staffing levels at night to enable the home to still assist the tenants living in the adjoining flats whilst reducing any impact on the home and the people who lived there.

Good

Is the service effective?

Our findings

The home continued to provide people with effective care and support. People continued to have freedom of choice and were supported with their dietary and health needs. People told us the staff were kind, supportive and competent. One person said, "You can trust them, they know what they're doing."

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.

Staff had a good understanding of the MCA in practice and most had received training in the principles and application of the Act. We saw staff consulting with people about choices they wished to make and supporting decision making within each person's capacity. Staff were aware that where people lacked capacity to make a specific decision they must follow the requirements of the Mental Capacity Act 2005 in assessing the person's capacity. Ensuring every effort is made to support the person to make the decision and then making a decision in the person's best interests along with other people involved with their care.

However, not all records we saw were clear or reflected the same level of understanding in relation to people capacity. For example, where the home held or managed people's monies. There were no records to show the rational for this decision, no mental capacity assessment to show that the person did not have capacity to manage their own finances or that this was being carried out in their best interests. We raised this with a deputy manager as well as members of the management committee who agreed that people's records did not contain sufficient information to demonstrate the home was working within the principals of the MCA. The deputy manager assured us they would take action to address this. People we spoke with told us they were happy with these arrangements and we did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

We recommend that provider seek advice from a reputable source in relation to the recording and documenting people's mental capacity and best interests decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, The registered manager was aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for people whose freedom had been restricted. At the time of our inspection, no one was being deprived of his or her liberty.

People told us, they were supported well and felt that the staff had the skills and knowledge to meet their needs. One person, "They all know what they're doing." The home continued to provide staff with the training, support and the opportunity to obtain qualifications in care to meet people's needs effectively.

When staff started work at Laywell House, they received an induction to help ensure they understood their role and responsibilities and had the knowledge to support people effectively.

The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. Staff confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, food hygiene, safeguarding, and Mental Capacity (MCA). Other more specialist training included palliative care [care of people who are terminally ill] and pressure sore prevention. There was a system in place to support staff which included regular one to one supervision and annual appraisals. Records showed that not all staff had been supervised in line with the home's policy and expectation due to workloads. However, members of the management team had identified this, and plans were in place to address this moving forward.

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's care plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, records showed where people had needed the specialist advice of dietician's or speech and language therapy (SALT), referrals had been made in a timely manner. A visiting health care professional told us they had no concerns about the care provided by the home and said staff made referrals quickly when people's needs changed.

People told us they enjoyed the meals provided by the home. Comments included, "the food is good", "always fresh," and "plenty, you can have more if you wish." People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. The chef and kitchen assistants told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen. We heard staff offering people choices during meal times and tea, coffee, soft and alcoholic drinks were freely available.

We observed the lunchtime meal; people sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided appropriately and discreetly. Meals times were relaxed, social occasions were people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Technology was being trailed to support the effective delivery of care and increase people's independence. For example, we saw the home had recently purchased a well-known electronic device. Throughout the inspection, we saw people asking this the time and date as well as to play their favourite kind of music. People told us this was "marvellous."

Good

Is the service caring?

Our findings

The home continued to provide caring support to people. People told us they were happy living at Laywell House. One person said, "The staff are kind, supportive and caring." Another person said, "I have only lived here for a short time, and I did wonder what it would be like, I can't find anything bad to say about the place or staff."

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and compassion. Staff knew how each person liked to be addressed, people responded well to staff and we observed a lot of smiles, laughter, and affection. There was genuine warmth between staff and people they supported. People told us they were happy with the care and support they received. One person said, "I'm very happy here." Another said, "The staff are lovely, nothing is too much trouble." Staff told us they enjoyed working at the home. Comments included "it's a really good place to work" and "all the staff really care about the people who live here and all we want is what's best for them."

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Information about people's needs and preferences were obtained and recorded as part of their pre-admission assessment. People's care plans were clear about what each person could do for themselves and how staff should provide support. People were asked if they wished to have same gender carer to support them with their personal care needs. People we spoke with told us their personal preferences were known by staff and respected.

People felt their views were listened to, they said staff always treated them with dignity and encouraged them to remain as independent as possible. When people needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported, staff spoke with them in a calm, respectful manner, and allowed people the time they needed to carry out tasks at their own pace. People told us they were involved in making everyday decisions about their care and support and made choices each day about what they wanted to do and how they spent their time. One person said, "Staff are aware of my needs and my wish to remain as independent as possible, but they are always there to help if I need them."

People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People's bedrooms were personalised and furnished with things that were meaningful to them. For instance, photographs of family members, treasured ornaments, or pieces of furniture.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones.

Good

Is the service responsive?

Our findings

The home continued to be responsive to people needs and wishes. People and their relatives, were involved in identifying their needs and developing the care provided. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person, their relatives and staff as they had got to know them.

People's care plans were personalised and provided staff with detailed guidance about each person's specific needs. Information was provided about what the person could continue to do for themselves and how they liked to be supported. Each section of the plan covered a different area of the person's care needs, for example, personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Important information, such as allergies and health conditions was easily available for staff at the front of the care plan. People's care plans were informative, easy to follow, accurately reflected people's needs, and reviewed regularly as people's needs changed. People, who wished to, had made advanced directives detailing their preferences for the end of their lives and these were documented in their records People were supported at the end of their lives by staff who received specialist training.

People living at the home told us how well their individual needs were met. We saw these needs were recorded in care plans and all staff we spoke with knew the needs of each person well. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. Each person's care plan contained a life story, which covered the person's life history. This gave staff the opportunity to understand a person's past and how it could influence who they are today. People were supported by staff to maintain their personal relationships.

We discussed with the registered manager their understanding of the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. We asked the registered manager how they were identifying people needs and what action they had taken to ensure these needs were being met. The registered manager was aware of the Accessible Information Standard and told us that people's communication needs where clearly recorded as part of the home's assessment process. This information would then be used to develop communication plans, which would indicate people's strengths, as well as areas where they needed support. The registered manager confirmed that although they were not currently supporting anyone with a specific need at this time, the home was looking at ways to improve and develop the accessibility of the information they provided to people.

People were supported to follow their interests and take part in a range of social and leisure activities. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take

part in things they liked to do. People who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

People spoke very highly of the level of activities and entertainment provided by the home. One person said, "There is always something going on." Another person told us, "I always join in the activities; I like the quizzes the best." People enjoyed spending time with each other, and spent time knitting, listening to music and craft work. Activities were designed to encourage social interaction, provide mental stimulation and promote people's physical and spiritual well-being. The home produced a monthly activities programme, which was displayed within the home and informed people about upcoming events. The home employed an activities coordinator who was keen to show us pictures of the Halloween party, which had recently taken place. People told how they enjoyed making 'sun-catchers' to sell at their Christmas fayre.

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. One person said they would speak to the registered manager if they were unhappy. The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated, and responded to. None of the people we spoke with had needed to make a complaint, but felt confident the manager would take immediate action to address any concerns they might have.

Good

Is the service well-led?

Our findings

The home continues to be well led. Laywell House Limited is a charity. They have a management committee who act as trustees. The management committee are responsible for overseeing the running of the home. The chair of the management committee is also registered with us as the nominated individual. A nominated individual is someone who has responsibility for the home at this higher level. Representatives from the management committee visited the home regularly and were present during our inspection.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People described the registered manager as very approachable and always available if they wanted to talk with them. "One person said, "I can talk to them [the manager] about anything." Staff told us the registered manager and trustees always had time to listen to what they had to say.

People told us they felt the home was well-led with a clear management structure. The registered provider's vision and values for the home were written in their mission statement. This was to provide the highest standards of care and comfort. Staff knew the vision and values for the home and this was reflected in their practice. There was a positive culture within the home and staff spoke of the positive impact they made to the lives of the people they supported. For example, we saw how staff supported one person to draw using an IPad following a stroke. Team meetings were held regularly. Staff told us these meeting were useful and the minutes showed staff were actively encouraged to provide feedback and make suggestion that could improve people's experiences of care.

People told us they were encouraged to share their views and were able to speak to the registered manager or representatives from the home management committee when they needed to. Resident Meeting Forums were held every 3 months; resident's families independently led these. The registered manager and trustees used these meetings to keep people informed of forthcoming events and discuss any planned changes to the home. For instance, ensuring that people were kept up to date with the homes refurbishment and development plans. Issues discussed were feedback to the registered manager and trustees for comments. Where comments from people were received, the home took action to address them. This included changes to activities, planned events and the menu. One person said, "It couldn't be any better, it's like being in my own home with help, I couldn't be anywhere else."

The home had an effective quality assurance system to assess, monitor, and improve the quality of the services provided. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents and incidents. Where issues had been identified in audits, action plans had been generated to make improvements, for example following the fire officer's visit. This helped ensure the home continuously improved.

The registered manager and nominated individual were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The manager told us they kept updated about changes in practice via the internet and email correspondence sent out by the local authority and the Care Quality Commission.

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.