

Tamcare Limited

# Layden Court Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 and 11 November 2014 in which breaches of the legal requirements were found. This was because people were not protected against the risks associated with not receiving adequate nutrition, care or treatment in accordance with their wishes, people were not involved in making decisions in their care and treatment, staff did not receive appropriate professional development, supervision or appraisal and the provider did not have an effective system to regularly assess and monitor the quality of the service provided. During that inspection we also issued two warning notices for

breaches in relation to Regulations 9 (care and welfare) and 13 (medicines management) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 3 March 2015 to check that they had made the improvements in regard to the warning notices issued. We did not look at other breaches at this inspection as the provider was still in the

# Summary of findings

process of implementing their action plan and embedding these improvements into practice. At the focused inspection we found that action had been taken to improve the safety and responsiveness of the service.

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

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

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. The provider had a peripatetic manager overseeing the service. However, we were told at the time of our inspection that a permanent manager had been appointed and would commence in post on 23 June 2015.

We undertook this inspection on the 21 and 22 May 2015. The inspection was unannounced on the first day. We found that the provider had followed their improvement plan, which they had told us would be completed by the 30 March 2015, and all legal requirements had been met, although systems and practices needed to be embedded into practice to ensure improvements were sustained.

People were kept safe at the home. We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made. The home involved dieticians and tissue viability nurses to support people's health and wellbeing.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us they enjoyed the food.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were able to make decisions about their care and how staff supported them to meet their needs.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. We found new systems had been introduced and regular checks were being carried out, although these still needed to be embedded into practice.

There were robust recruitment procedures in place, staff had received formal supervision. Qualified nursing staff had also received a monthly clinical supervision. Annual appraisals had been scheduled. These ensured development and training necessary to support staff to fulfil their roles and responsibilities was identified. Staff training had been identified and booked to ensure staff had the knowledge to meet people's needs. We found that generally, there were enough staff to keep people safe, although people told us there were times when staff were very busy. A new activities coordinator had been employed and their hours increased to help to ensure people's needs could be met. Although they were not on duty at the time of our visit.

Staff told us they felt supported and they could raise any concerns with the manager and felt that they were listened to. Although staff were still apprehensive regarding future management, as there had been five different managers in the last year.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective.

# 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 safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard adults from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely.

Overall, there were enough qualified, skilled and experienced staff to keep people safe, although people told us there were times when staff were very busy.

Good



### Is the service effective?

The service still needed some improvements to make them more effective.

Each member of staff had a programme of training and all had received mandatory training to care and support people who used the service. However, although specific training had been identified and booked, some staff were yet to attend.

Many areas of the environment in the home had been improved to meet the needs of people living with dementia. However, this was still being improved throughout the service.

People were kept safe at the home. We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

Requires improvement



### Is the service caring?

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the manager approachable and available to answer questions they may have had.

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

Good



# Summary of findings

## Is the service responsive?

The service still needed some improvements to make them more responsive.

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on the care people who used the service required and their needs were being met. However new care files were being introduced to ensure they were person centred and easy to follow.

A new activities co-ordinator had been employed and the hours increased to help to ensure people's needs could be met. However there was no activity coordinator at the time of our visit and there was lack of stimulation and activities for people who used the service.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors.

**Requires improvement**



## Is the service well-led?

The service was well led. However the new systems still needed to be fully embedded into practice to ensure improvements were sustained.

The service did not have a registered manager. One had been appointed and was to commence on 23 June 2015. People who used the service, relatives and staff were apprehensive regarding the new manager and hoped the improvements would continue and be sustained.

A peripatetic manager was in post, they listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, we saw these had been identified and were being addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people, their relatives and other professionals what they thought of the service.

**Requires improvement**



# Layden Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 May 2015 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A local authority commissioning and contracts officer also attended the service during our inspection.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, commissioners, safeguarding vulnerable adults team and Rotherham Clinical Commissioning Group. The local authority was continuing to closely monitor the service and conduct visits to ensure the action plan in place was being followed.

At the time of our inspection there were 51 people living in the home. The service consisted of five units; Haigmoor and Swallowood were located on the ground level and Thurcroft, Kiviton and Becks were on the first floor. Thurcroft, Kiviton and Becks supported people living with dementia.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at four people's support plans. We spoke with eleven people living at the home and nine relatives.

During our inspection we also spoke with sixteen members of staff, which included nurses, care workers, domestics, deputy manager, peripatetic manager, quality officer and regional manager. We also looked at records relating management of the service.

# Is the service safe?

## Our findings

At our previous inspection in November 2014 we found the management of medicines was not safe. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection in March 2015 and found that action had been taken to improve the management of the service.

At this comprehensive inspection We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for eight people.

We found people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

The medicines were administered by staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely.

Following our inspections in November 2014 and March 2015 new systems had been introduced. We saw all medication was accurately recorded when received on the MAR. Medicines were signed for when given and any handwritten entries on the MARs were accurately recorded and checked by two staff. We found disposal of medicines followed procedures and controlled drugs; these are medicines which are controlled under the Misuse of Drugs legislation, were also given following robust procedures to ensure safety.

People who used the service and visiting relatives told us they felt safe in the home. One person told us, "The home is alright, comfortable." Another person told us, "I feel very safe here the staff are lovely."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and

would refer to them for guidance. They said they would report anything straight away to the person in charge. All staff were aware of who to report to if they thought the concern was not being dealt with appropriately. Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We looked at staffing levels within the home. All relatives and people we spoke with did acknowledge that the staffing levels had improved however, relatives did say at certain times staff were very busy. One relative told us, "At one visit I did not see staff as they were very busy." Another relative commented, "They always seem so busy. I am sure they could do with more staff on duty they are always run off their feet."

During our visit we observed there were sufficient staff on duty to meet people's needs. We did not hear call bells ringing for long periods of time and saw staff respond to people's requests for assistance in a timely manner.

Throughout a two hour period we observed only one occasion of four to five minutes when staff were not visible in the lounge. Otherwise, there was at least two staff available and often, three or four.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The peripatetic manager told us they used a dependency tool to determine numbers of staff required. Staff we spoke with said that when the required staff were at work there was generally enough staff to meet people's needs. However, when there was sickness and they could not get cover they struggled. Staff told us this happened very infrequent now, as the peripatetic manager had dealt with sickness and most times there were the required staff on duty. They also said if there was last minute sickness there was nearly always a staff member who was prepared to cover.

The manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and

## Is the service safe?

hydration. The peripatetic manager had improved the monitoring of information in relation to accidents and incidents and new systems introduced by the provider ensured these were monitored to identify any areas for improvement to help reduce occurrences.

Throughout our visit we observed staff transferring people, using hoists and standing equipment to ensure people were moved safely. Staff managed the transfers safely, making sure the person concerned was comfortable with the transfer at all times. They explained what they were going to do and why, continuing to explain and reassure them throughout the process. We also observed wheelchairs being used appropriately and footrests used. This ensured people were moved safely.

We looked at two staff recruitment files. The files we saw were well organised and easy to follow. Application forms

had been completed, two written references had been obtained and formal interviews arranged. A maintenance person had been recruited since our last inspection and they were receiving an induction. The peripatetic manager told us all new staff would complete a full induction programme that ensured they were competent to carry out their role. The new staff member confirmed they were having their induction and felt they were well supported to be able to carry out their role safely.

The peripatetic manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.



# Is the service effective?

## Our findings

At our previous inspection in November 2014 we found staff had not received appropriate professional development, supervision or appraisal. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people were not protected from the risks of receiving inadequate nutrition. This was a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report of what improvements they planned to make to address the breaches and by when. The provider sent us an action plan and said they would meet the Regulations by 30 March 2015.

At this inspection we found meals had improved and people received nutrition to meet their needs. We observed people being offered hot and cold drinks during the day. There was also a cold drinks machine in the dining room for people to help themselves to drinks throughout the day.

People who used the service and relatives we spoke with all said the meal time experience had improved. One relative said, "The food has improved these past months and the drinks. They get snacks now too." Another relative said, "They get choices which is good now, but it would be good if they had pictures to help them choose their meals. It is difficult for my (relative) to know the difference when it is just said this or this. Whereas if they were shown a picture of the food it would help them decide."

One person who used the service who we spoke to told us, "I must say, it is a much better place than it was, even since Christmas."

During our observations at lunchtime we saw that staff asked people what they wanted and offered alternatives if they did not want the set menu. Age appropriate background music was played throughout the meal. Staff served meals in a calm manner and spoke quietly to each other about people's wishes, respecting their privacy. We

saw they spoke with people constantly, both when serving meals or in passing. Where people required assistance with eating their meal we saw this was given at the person's own pace and in a reassuring, patient, non-patronising manner.

There was good interacting between staff and people using the service. We saw one staff member who was assisting someone to eat also engaged in conversation with other people sitting at the table.

A choice of drinks were offered both midmorning and at lunchtime. We also saw a choice of snacks, such as biscuits and chocolate bars were offered mid-morning in the lounge.

Protection for clothing was offered if staff felt it appropriate. Staff serving meals wore protective tabards and gloves. We saw they used hand gel each time they returned to the dining room from taking someone's meal in their room or carrying out other jobs.

When one person using the service became upset in the dining room staff spoke with them calmly, and helped them move to another room when they continued to be upset. We saw their meal was covered and taken with them. Later we saw that they ate their meal quietly as they watched television. A member of staff told us this was how the person often preferred to eat their meal.

We saw staff served people's meals promptly and covered all meals to keep them warm, whether being taken to someone in their room or in the dining room.

Some people had their meals in their rooms. We saw one person being assisted to eat their meal in their bedroom and observed a staff member giving assistance. The staff member treated the person with dignity and respect throughout their meal. The staff member knew the person well and how they liked to be given assistance to enable them to enjoy their meal.

We found the menus were displayed on tables. These detailed the menu for the week. However, they were in very small print. Some pictures were displayed in some dining rooms, but these were on the wall and not easy to see. There were no pictures displayed on individual tables and we did not see people shown pictures or alternative meals to make a choice during the meals we observed. This made it difficult for people living with dementia to be able to make a choice.



## Is the service effective?

We checked the charts used to monitor what people had eaten and drank; these were kept in the person's room. We found they detailed what they person had eaten, as well as how much. These were comprehensively completed each day, with no gaps.

We received very positive comments regarding the food, one person said, "The food is lovely, just like when I was at home." Another person said, "It's all home cooked and there's always plenty of it." During our observations we did not see any fruit available for people. Staff told us that if people wanted fruit, it was available. However, people living with dementia are not always able to make their preferences known. Therefore, having a bowl of fruit visible would enable them to see the fruit and choose if they wanted any.

Staff demonstrated a good knowledge of the people they were delivering care and support to. We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Layden court is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The peripatetic manager was aware of the new guidance and had reviewed people who used the service to determine if an application was required.

The peripatetic manager told us they had identified 'Champions' in the staff team. For example, staff had been identified to take on the roles of champions in dignity, infection control and safeguarding. This would help to ensure those allocated staff would be given time to attend training, focus groups and access information to ensure latest guidance and best practice were followed. Some of

the champions had attended training and other training was booked to ensure the champions were competent in their role. Some staff were new to these roles and were very enthusiastic to be able to champion good care and practice. However, these roles had to be embedded into practice.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, mental capacity, fire safety and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. The provider told us they were introducing a new e-learning package on 1 June 2015, and this would ensure all new training was incorporated and the system would ensure all staff remained up to date with mandatory training.

The peripatetic manager had also identified specific training for staff to further develop their skills. This training had been identified and booked, but some was still to be delivered. Staff we spoke with were looking forward to the training. One staff member told us, "The training has been much better. If we ask for training now it is accessed and booked." We saw that 20 staff were to attend training entitled, 'Residents' experience'. This was looking at best ways to support people living with dementia. We were also told staff were to attend end of life care, person centred care and care plan training. When the training was completed and the learning embedded into practice, this would further improve the experiences of people living at Layden Court.

The records we saw showed that staff had received regular one to one supervision meetings with a manager and all staff told us they felt supported by the management team. Annual appraisals for staff had also commenced. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

## Is the service effective?

The peripatetic manager told us that the nursing staff attended specific training, which ensured they could demonstrate how they were meeting the requirements of their registered body. They also received monthly clinical supervision to ensure their competence.

We found, although some environmental improvements had been made, there was still a number of works outstanding. For example, upgrading of bathrooms, shower rooms and toilets. We also found the outside garden was not accessible to people living on one unit, as the

appropriate ramp had not been installed. The action plan we received from the provider told us all works would be completed by 30 April 2015. We discussed this with the regional manager who told us it had been very frustrating that it had taken longer than anticipated, but works were now in hand and should be completed by end of June 2015. These works, once completed would ensure the environment met the needs of people who lived at Layden Court.

# Is the service caring?

## Our findings

At the previous inspection in November 2014 we found people were not involved in making decisions about their care and treatment or able to express their views and not cared for in a person centred way. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report of what improvements they planned to make to address the breach and by when. The provider sent us an action plan and said they would meet the regulations by 30 April 2015.

At this inspection we found that staff were kind, and caring when assisting people who used the service. They spoke appropriately to people in a reassuring, patient, non-patronising manner. One person we spoke with told us, "Yes, they are very caring here. They will do anything for you."

The people's relatives we spoke with confirmed they thought the staff were kind, courteous and treated people with respect. One relative told us, "The staff are very caring, marvellous in fact." Another said, "This home is great. It was never bad, but it is exceptional now." Another relative said, "They call the GP when needed and they are very good at keeping me informed. The carers are brilliant, considering she is in bed all the time, her skin is perfect, they look after her so well." Another relative told us, "I am over the moon with the care my (relative) receives. Everyone here, from the cleaners to the managers are so kind and caring. Everywhere is always clean and they really do care."

We observed staff interacted well with the people advising and reassuring them at all times. We saw staff assisting one person who walked around the home, encouraging them to sit a while and engage in conversation with other people. We saw another staff member sit and chat with one person whilst they had a cup of tea and a biscuit.

The interactions and rapport between people who used the service and staff was relaxed and people related well to the staff. We found all the units we visited had a calm, relaxed atmosphere. We saw staff supporting people in an inclusive, caring and friendly manner. When talking with people staff demonstrated a genuine interest in the person and what they were saying.

We also saw staff treated people with respect and dignity. Staff knocked before entering rooms and then asked if they could come in. We saw that staff closed bedroom and bathroom doors when dealing with people's personal care.

We observed a member of the domestic staff talking to a person who used the service. The person was upset and disorientated. The domestic spoke in a reassuring, caring, manner. This showed all staff understood people's needs and how to reassure people to ensure they did not get distressed.

We looked at eight people's care files to see if they gave some background information about the person. We saw sections about how the person liked their care delivered. Their plan also identified the people who were important to them, their life history and likes and dislikes. We were told by the peripatetic manager that new care plan documentation was being introduced, which was more person centred and would further improve the level of information in people's care plans. We spoke with staff about how they delivered care to the people that they were keyworker to. It was clear that staff knew the people very well. They also knew relatives who visited very well and we saw that staff spoke to people using their preferred names.

We observed staff using mobility equipment, such as a hoist, in the lounge areas correctly and with consideration for the person. We also observed one person, who was at risk of hurting their feet due to how they sat in the wheelchair. Staff placed a cushion on the footplates to minimise the risk of injury. This showed staff were aware of how to meet people's needs in a caring way.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. People had end of life care plans in place, we saw that relatives and significant others had been involved as appropriate. There were allocated staff as end of life Champions and they had provided each unit with a palliative and end of life resource folder. The six Champions had all attended end of life care training with the hospice. They had achieved the gold standard. One support worker had achieved NVQ level 3 in end of life care. The staff we spoke with were very passionate about ensuring people at end of life received the best possible care ensuring they were pain free, comfortable and their dignity and privacy maintained. All staff we able to tell us how they also

## Is the service caring?

involved people's families and how support was given. For example, that their family members could stay, and had an area where they could sit privately if required, and ensuring people's cultural and religious needs were met.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

# Is the service responsive?

## Our findings

At the previous inspection in November 2014 we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9(3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection in March 2015 and found that action had been taken to improve the responsiveness of the service. People's health, care and support needs were assessed and reviewed and staff were meeting people's needs. The new systems that had been implemented were being embedded into practice

At this inspection we looked at eight people's care and support plans in detail. We found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process. However, the care plans were not easy to follow and some gave contradictory information. For example, one stated the person was incontinent, while in same plan, it also stated they were able to tell staff when they required the toilet. The peripatetic manager and deputy manager acknowledged the plans were not always easy to follow. They told us they were in the process of implementing new care plans. We saw the new plans and they were much improved, person centred and easy to follow. This meant, when completed all files would be easy for staff to follow to ensure people's needs were met.

Relatives we spoke with told us they were kept informed of any changes. One relative said, "Whatever you ask, they do here. We have asked for things to be put on (my relative's) care plan and it may have taken a while sometimes, but it has happened now. Things are much better."

We saw that when people were at risk, the advice of health care professionals was obtained and followed. The managers also told us that staff identified problems promptly because they knew the people well. Relatives and people who used the service also confirmed this.

We observed staff throughout the two days of this inspection and it was clear that people's views were sought before any assistance was given. We saw that staff had a good knowledge of the people they were supporting offered people choices and listened to their opinions. Staff told us that if they thought a person's needs had changed, they would discuss the changes with the nurse on duty or senior support worker.

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. A new activities co-ordinator had been employed and the hours increased to help to ensure people's needs could be met. However, at the time of our visit they were not in post, and there was no activity coordinator on duty and there was little activity or stimulation being provided for people who used the service. One person said, "We were supposed to go out today, but the activities lady isn't here." Another person said, "We do have Bingo sometimes and we have a concert this afternoon. But there is not always something on." A relative told us, "There is not enough staff to always provide stimulation and activities, many people are just sat with nothing to do."

A support worker was working additional hours to provide some activities and they were on one unit during our visit. We observed them talking to people about forthcoming activities and asking if they wanted to join in. They also took time to sit and talk to people, reading magazines and newspapers with them. This included discussing favourite programmes with one person who enjoyed watching television.

We saw that copies of the complaints policy were displayed throughout the home. Without exception, everyone we spoke with said they would go to the manager or the officer on duty to complain. People who used the service and their relatives told us if they had raised concerns with the manager they had always been dealt with. One person told us, "I had a complaint a while ago that wasn't addressed, but when the new acting manager started they listened and resolved my issues, I can see the improvements that have been made."

# Is the service well-led?

## Our findings

At our inspection previous in November 2014, we found the provider did not have effective systems to regularly assess and monitor the quality of service that people received. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us report of what improvements they planned to make and by when. The provider sent us an action plan and said the service would meet the regulations by 30 March 2015.

At this inspection we found improvements had been made to ensure that effective systems were implemented to regularly assess and monitor the quality of service that people received. These included administration of medicines, health and safety, infection control, and the environmental standards of the building. These audits and checks highlighted improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place.

Accidents and incidents were monitored by the peripatetic manager to ensure any trends were identified and appropriately recorded. We saw accidents had reduced as result of the monitoring, as additional safety measures had been put in place.

At this visit there was a peripatetic manager in post there was no registered manager. The provider told us that a manager had been appointed and would commence at Layden Court on 23 June 2015. We were told once they were in post they would apply for registration with CQC.

Relatives we spoke with were happy with the improvements in the service over the last six months. One relative told us, "The acting manager of the home appeared to know the residents very well." Another said,

"The acting manager at the moment is very good she gets things sorted very quickly. It's a pity she isn't staying permanently, as things have improved since she has been here."

The relatives we spoke with told us the peripatetic manager operated an 'open door' policy and they found them a hands on person, who was approachable and led the team well. It was clear from the feedback from staff, relatives and the people who used the service that everyone felt standards of service had greatly improved, and they were confident that the improvements were sustainable.

Staff we spoke with told us the peripatetic manager was very good and they had made huge difference in the home. However, staff were apprehensive about having a new manager, as there had been so many different managers in the last year. One staff member told us, "I wish this manager would stay, it has been good since they have been here, things have really improved. We had a period when it was awful. We don't want to go back to that."

We saw that people that used the service and relatives were listened to. There were regular residents' and relatives' meetings. We saw the minutes of the meeting held in May 2015 were displayed. One item on the minutes was for people to put forward suggestions and ideas for activities they would like to see in the home. This showed staff had acknowledged that improvements were required in activities and stimulation.

We also saw that staff meetings were taking place. Staff told us they were being held regularly and that communication had improved. We saw the minutes for the last staff meeting held on 20 May 2015. This evidenced good communication and also cascaded information, so all staff were aware of any changes. It also gave staff opportunity to raise any issues.

The service had good working relationships with other organisations and health agencies. The local council who also monitors the service delivered told us that they had seen significant improvements in the home. Although we saw significant improvements had been made, the actions implemented and planned need to continue so that these are fully embedded into practice and monitored to ensure these improvements are sustained.