

Laywell House Limited

Laywell House Limited

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 

Overall summary

Laywell House Limited is registered to provide personal care and support to 30 people who may have a physical disability.

The home had a registered manager. At the time of this inspection, the registered manager was in the process of applying to cancel their registration. The manager who was the person in charge on the day of our inspection told us they were in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 17 September 2015 and was unannounced. There were 28 people living in the home at the time of the inspection. People had a range of needs. Some people were independent, others needed support with personal care, one person was being cared for in bed, and five people were living with dementia.

Summary of findings

The service was last inspected in October 2014. At that time, we found the service was not meeting the regulations in relation to care and welfare, safeguarding people, consent, staffing, risk assessment, medicines management, complaints, records, and quality assurance. The provider sent us an action plan telling us what they were going to do to meet the regulations. On this visit we checked and found improvements had been made.

The service had a new management team in place. People spoke highly of the manager and confirmed they were approachable. Comments included “I can talk to the manager at any time. They are caring and listen” and “The new manager is great”. Staff spoke about the changes that had taken place since the previous inspection. Their comments included “It’s really coming together” and “There’s been a marked improvement”. A visiting healthcare professional said the service was improving under the new management, who knew where improvements needed to be made.

People spoke very highly of the care they received. Comments included “I’m very lucky to be here”; “They make you feel wanted” and “The staff are lovely, we have a laugh. They’re wonderful, very kind”. A number of the staff had worked at the home for a long time and staff knew people really well. Staff spoke passionately about the person they supported and wanted to achieve the best outcomes for them. People told us if they needed help, staff always came. Comments included “Just ring the bell and they’re there” and “Staff pop in and check on me”. People told us they enjoyed the food at the home. Comments included “The food is very good.” and “I enjoy my meals”.

Staff knew people’s preferences and how to deliver care to ensure their needs were met. The manager showed us the new care plan format they had introduced. This was to make further improvements to ensure information was clear and easily accessible. People’s care plans were updated when their needs changed. For example, one person’s mobility needs had changed. The person chose to spend their time in bed as they were more comfortable. The moving and handling care plan had been updated. Staff knew how to support this person with moving and handling and pressure area care. People

confirmed staff knew how to meet their needs. Comments included “I just say how I would like it, and they do it” and “They let me do what I can, and then help if I need it”.

People enjoyed spending time with each other, were comfortable in each other’s company and chatted together. People also spent time knitting, reading, listening to music, sitting in the garden, and receiving visitors. Staff told people about the forthcoming cake party in support of charity and people talked excitedly about this. Activities took place every afternoon for those who wished to take part. People enjoyed a memory quiz on the day of our inspection. There was lots of excitement and laughter as people and staff discussed their childhood, first date, holidays, and talents.

People were protected by staff who knew how to recognise signs of possible abuse. One staff member said “We are encouraged to raise any concerns and they do act immediately”. There were sufficient staff to meet people’s needs. Staff responded to people’s needs and requests in good time. Staffing levels had been increased and one staff member commented “We have more time now”. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. Staff told us they were happy with the training they had received and felt skilled to meet the needs of the people in their care. Comments included “We’re open to knowledge and training – it’s happening now” and “We’ve had a whole bunch of training”.

Most people had capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests. People were not being deprived of their liberty. The manager monitored this and knew to make an application to the local authority’s Deprivation of Liberty Safeguarding team if there were any changes.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Risk had been assessed for each person. For example, one person had a history of falls. Staff knew how to support this person and carried out regular checks to make sure they were safe. The service had also sought advice from an

Summary of findings

occupational therapist. Premises and equipment were maintained to ensure people were kept safe and there were arrangements in place to deal with foreseeable emergencies.

People were confident if they made a complaint this would be dealt with. When we asked one person could anything be better. They said “I’d have a job to find something”. The manager kept a complaints log and any

issues were dealt with quickly. For example, some people had said the meat was tough. The manager tried the meat themselves and then arranged for a new butcher to supply the service. As the manager was new to the home, they had audited records, policies, environment, and staffing. They had written a service improvement plan and we could see that a number of actions had been signed off as completed.

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.

People told us they felt safe. People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Staff had been given information telling them how to manage risks to ensure people were protected.

Good



Is the service effective?

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Mental capacity assessments had been carried out and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People had regular access to healthcare professionals. When concerns about a person's health were identified, staff monitored the situation and sought professional advice when needed.

Good



Is the service caring?

The service was caring.

People spoke very highly of the care they received and were positive about the caring attitude of staff.

Staff spoke passionately about people and knew them really well.

When people were not feeling well, staff spent time with them, making sure they were comfortable.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People were encouraged to feed back their experiences and raise any issues or concerns.

Good



Is the service well-led?

The service was well-led.

People and staff spoke highly of the manager and confirmed they were approachable. Staff worked well as a team to make sure people got what they needed.

Good



Summary of findings

There were systems in place to assess and monitor the quality of care. The manager had audited records, policies, environment, and staffing. They had written a service improvement plan and we could see that a number of actions had been signed off as completed.

The manager was keen to drive improvements in the home. They accessed resources to learn about research and current best practice.

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 inspection visit took place on 17 September 2015 and was unannounced. One social care inspector carried out this inspection.

On the day of our visit, 28 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with ten people and one relative. We spoke with the manager, five staff, the secretary from the management committee, and one visiting health professional.

We looked at three care plans, medication records, staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

At our inspection in October 2014 we identified concerns in relation to safeguarding people, staffing levels, staff recruitment, risk assessments, and medicines management. At this inspection, we found action had been taken to address all of the issues raised.

People told us they felt safe and would talk to staff if they had any concerns. One person commented “I’ve never worried about anything”. People were protected by staff who knew how to recognise signs of possible abuse. There was information about how to raise safeguarding concerns on the staff noticeboard. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the manager would listen to their concerns and respond to these. Where safeguarding concerns had been raised, the manager had contacted the local authority safeguarding team and taken appropriate action. One staff member commented “We are encouraged to raise any concerns and they do act immediately”.

Staffing levels had been increased since the last inspection. People benefited from sufficient staff to meet their needs. People told us if they needed help, staff always came. Comments included “Just ring the bell and they’re there” and “Staff pop in and check on me”. Staff responded to people’s needs and requests in good time. Staff did not seem rushed and remained calm and attentive to people’s needs. One staff member told us “We have more time now”. The manager was on duty with a deputy manager, a senior, and four care staff in the morning. There were three care staff in the afternoon. In addition there was a cook, two housekeepers, and maintenance staff. On the day of our inspection, there was an additional senior on duty working on care plan updates. At handover there was a 15 minute overlap of staff to ensure there was time to discuss people’s needs. The manager told us a new position had been created for a member of administration staff. The staff member was due to start the day after our inspection. Their responsibilities included answering the phone and the door. This meant care staff would have more time.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Risk had been assessed for each person. For example, one person had a history of falls. Staff knew how to support this person and carried out regular checks to make sure they were safe. The service had also sought advice from an occupational therapist. During our inspection, occupational therapists visited two people. They told us staff had done everything they had asked and had listened to ideas and suggestions. They said the person they had seen had not fallen since they had been involved with the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. People’s medicines were stored safely and securely. Staff who gave people their medicines had completed training. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. The manager carried out medicine audits every month. At the most recent audit, they had identified staff were not always signing to confirm they had applied prescribed creams. The manager had sent a message to staff after the audit reminding them to complete the records. This showed the manager had taken action to prevent further shortfalls. The local authority trust had carried out a medicines audit. They had identified that improvements were needed in relation to the written policies. The manager showed us evidence they were working on this.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists.

There were arrangements in place to deal with foreseeable emergencies. For example, there were emergency plans for fire, loss of heating, loss of electrics, and gas leakage. The manager had arranged for people to be moved to alternative accommodation in the event of an emergency.

Is the service effective?

Our findings

At our inspection in October 2014 we identified concerns in relation to staff training, mental capacity assessments, and management of weight loss. At this inspection, we found action had been taken to address all of the issues raised.

Staff told us they were happy with the training they had received and felt skilled to meet the needs of the people in their care. Comments included “We’re open to knowledge and training – it’s happening now” and “We’ve had a whole bunch of training”. Staff received regular training to make sure they knew how to meet people’s needs. Additional training was planned in relation to dementia to meet people’s specific needs.

Staff felt supported in their role. They commented “The new manager is really supportive of us” and “We receive really good support”. Staff told us they spoke with their manager about their job role and felt able to discuss any issues.

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Staff sought consent from people before carrying out care. For example, staff explained to a person what they were going to do. They asked the person for consent and this was given. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. The majority of people had capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests.

For example, one person who had been at risk of falls had moved to a ground floor bedroom so staff could monitor them more closely. A best interest meeting had been held involving the person’s family.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This includes decisions about depriving people of their liberty so that they get the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection, no one was being deprived of their liberty. The manager monitored this and knew to make an application to the local authority’s DoLS team if there were any changes.

People had regular access to healthcare professionals such as GPs, occupational therapists, chiropodists, district nurses, opticians, and dentists. For example, when staff were concerned about one person’s weight loss they discussed this with the person who agreed for a referral to made to their GP.

People told us they enjoyed the food at the home. Comments included “The food is very good.” and “I enjoy my meals”. There was a choice of two dishes at lunchtime. If people wanted an alternative, these were always available. Most people chose to eat their lunch in the dining room. People chatted with each other at their tables making it a sociable mealtime experience. Staff said to one person their meal looked lovely. They responded and said “Yes, it is”. Another person enjoyed their lunch and asked for a second portion. Staff brought them another plate. The person said “Thank you very much, I’m very spoilt”. Some people needed encouragement to eat. For example, staff told us if one person with dementia refused their meal, they would go back later and try again. People were regularly offered drinks throughout the day.

Is the service caring?

Our findings

People spoke very highly of the care they received. Comments included “I’m very lucky to be here”; “They make you feel wanted” and “The staff are lovely, we have a laugh. They’re wonderful, very kind”. Several people became emotional when talking about Laywell House as their home.

Staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well. One person stayed in bed as they were not feeling their usual self. A staff member spent time with them, making sure they were comfortable. They spoke about the person with fondness, told us about their past, and showed us old photographs of the person. They said “It’s nice to have an insight and learn about people’s lives”.

Staff were bright and cheerful when entering the lounge and took time to speak with people. They knew people’s preferences. For example, they knew one person liked a thin cup. The person responded saying “You’re very kind to me”. One staff member greeted a person and kissed them. The person visibly brightened.

People were clean, looked well cared for and well dressed. One person told us they had been supported to have a

lovely bath during the morning. One staff member was also a hairdresser. They spent time doing this in the afternoons. One person was sitting in the chair enjoying a chat to the hairdresser over a cup of tea.

Staff listened to people and talked to people in a way they understood. For example, staff supported one person living with dementia to make basic decisions using words and body language.

People’s privacy was respected. Some people who chose to spend time on their own in their bedrooms had requested ‘do not disturb’ signs. One person had the sign up on their door when we passed their room. Staff told us some people liked to have some quiet time after their lunch and they respected this.

People moved independently around the home and spent time how and where they wanted to. People told us they enjoyed going out in the local community with friends and relatives. Some people needed support from staff. The manager told us they now had more staff on in the morning, so people could get up earlier if they chose to. Comments included “I just say how I would like it, and they do it” and “They let me do what I can, and then help if I need it”.

Relatives and friends could visit at any time. One relative told us staff always made them welcome. They were able to stay for a meal if they wished to, and staff even knew their drink preferences.

Is the service responsive?

Our findings

At our inspection in October 2014 we identified concerns in relation to care planning and complaints. At this inspection, we found action had been taken to address all of the issues raised.

Staff knew people's preferences and how to deliver care to ensure their needs were met. The manager showed us the new care plan format they had introduced. This was to make further improvements to ensure information was clear and easily accessible. People's care plans were updated when their needs changed. For example, one person had been in hospital. The person returned to the home and their mobility needs had changed. The person chose to spend their time in bed as they were more comfortable. The moving and handling care plan had been updated. Staff knew how to support this person with moving and handling and pressure area care. Staff had moved the person's television so they were able to see it from their bed.

Staff responded quickly to people's needs. For example, staff realised that one person had not put their hearing aid in that morning. They brought the person's hearing aid to them and supported them to put it in. They checked it was working properly before leaving the person.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. People also spent time knitting, reading, listening to music, sitting in the garden, and receiving visitors. Staff told people about the forthcoming cake party in support of charity and people talked excitedly about this.

The manager told us how several people were knitting Christmas puddings for an event. A local National Trust

house had asked for volunteers. The manager had got the knitting patterns and wool. One person showed us the puddings they had already completed and told us they had been invited for dinner at the house during the festive period.

Activities took place every afternoon for those who wished to take part. People enjoyed a memory quiz on the day of our inspection. There was lots of excitement and laughter as people and staff discussed their childhood, first date, holidays, and talents.

Arrangements had been made to meet people's individual religious needs. For example, communion was held once a week. People were able to invite religious representatives to their individual rooms once a month. A regular church service was held on Sunday afternoons.

People were confident if they made a complaint this would be dealt with. None of the people we spoke with had needed to make a complaint. When we asked one person could anything be better. They said "I'd have a job to find something". The manager kept a complaints log. This included verbal concerns so any issues were dealt with quickly. For example, some people had said the meat was tough. The manager tried the meat themselves and then arranged for a new butcher to supply the service. There were lots of cards on the noticeboard thanking staff for the care and support they had given.

Meetings took place for people to express their views and receive up to date information. People were involved in the running of the home. For example, people had asked for the ship's bell in the hall to be rung every lunch time and this was being done.

Is the service well-led?

Our findings

At our inspection in October 2014 we identified concerns in relation to quality assurance. The service had not notified us of events that had taken place within the home. At this inspection, we found action had been taken to address all of the issues raised.

The home had a registered manager. The registered manager was in the process of applying to cancel their registration. The manager who was the person in charge on the day of our inspection told us they were in the process of applying to become the registered manager.

People spoke highly of the manager and confirmed they were approachable. Comments included “I can talk to the manager at any time. They are caring and listen” and “The new manager is great”. Staff placed trust in the manager and said “They’re very approachable” and “They’re really on it, organised, approachable, and really lovely”.

Staff spoke about the changes that had taken place since the previous inspection. Their comments included “It’s really coming together” and “There’s been a marked improvement”.

Staff worked well as a team to make sure people got what they needed. There were nice interactions between staff. Comments included “We’re a committed staff team, we’ve pulled together and all moved forward” and “We all get on really well”. Staff knew their roles and responsibilities. Staff told us this had been discussed during staff meetings.

The registered provider’s vision and values for the service 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 service and this was reflected in their practice. Staff comments included “It’s special here” and “We want what’s best for people”.

Representatives from the management committee who act as trustees for the Laywell House Limited charity visited the service regularly. The secretary visited the service during our inspection. The management committee were pleased with the progress made since our last inspection. In recognition of this, they planned to formally thank the staff for their support and contribution.

There were systems in place to assess, monitor, and improve the quality and safety of care. As the manager was new to the home, they had audited records, policies, environment, and staffing. They had written a service improvement plan and we could see that a number of actions had been signed off as completed. A healthcare professional said the service was improving under the new management, who knew where improvements needed to be made.

The manager wanted to develop and improve the service. They accessed resources to learn about research and current best practice. They received the monthly updates from the CQC. They attended care conferences and forums with other providers to share good practice. As they were new to the Brixham area, they had arranged to meet up with a manager from another care home to set up a network for support and to share good practice.

The service had received a food hygiene visit in March 2014. They had been awarded a rating of five. This was the highest rating and showed the service maintained very good hygiene.

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