Layden Court Care Home Ltd

Layden court Care home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Layden Court is a care home. The service can accommodate up to 92 people in a purpose-built building and provides personal and nursing care for older people, including people living with dementia. There were 49 people using the service at the time of the inspection.

People's experience of the service and what we found
Risks associated with people's care were not always managed in a safe way. People's care records did not accurately reflect their needs. Risks to people had not been fully assessed and there was not always guidance for staff on how best to manage these risks.

Incidents and accidents were not always recorded in detail or investigated to reduce further risks. Medicines were not being managed safely. People were not always protected from the risk of abuse or neglect as staff were not always reporting or investigating allegations.

The registered manager completed a dependency tool and a staff rota. However, staff were not effectively deployed to meet people's needs.

Staff had received mandatory training but required further training in relation to dementia care and the management of behaviour that may challenge the service. Staff told us they felt supported, and management were approachable.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; we were not assured the policies and systems in the service supported this practice.

There was a lack of robust management oversight to ensure the quality of care. The provider had increased the management presence in the service and was working on making and embedding improvements. The provider operated effective and safe recruitment practices when employing new staff.

People had access to health care when needed and assessments of people's care were undertaken before they moved in. People told us they enjoyed the food served at Layden Court. Staff were kind and caring in their interactions with people, where time allowed this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 17 March 2023).

Why we inspected

The inspection was prompted due to concerns received from the local authority commissioners. These were regarding systems to safeguard people from abuse, safe care and support and ineffective governance and management of the service.

We undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Layden Court on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment, staffing, systems and processes to safeguard people from abuse and oversight and governance at the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

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Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of 2 inspectors, a regulatory co-ordinator, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

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

Notice of inspection
This inspection was unannounced. Inspection activity started on 21 November 2023 and ended on 24 November 2023. We visited the home on both days.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people who used the service and 11 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy managers, nurses, senior care workers, care workers, ancillary staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care records, medication records and weight records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management ;Learning lessons when things go wrong

- Risk assessments and care plans were not always accurate or sufficiently detailed to enable staff to support people safely.
- People at risk of choking, had unclear guidance recorded in their care plan as to what care and support they required in relation to their food and fluid intake.
- People were at increased risk of skin pressure damage. For example, staff were not always completing daily wound assessments, or these assessments were not completed to an appropriate standard.
- Where people were at high risk of falls this was not always being managed safely. During the inspection, we found sensor mats were either switched off or not working correctly. Sensor mats work by detecting when someone steps on them and alerts staff to people's movements.
- Where people were nursed in bed and required assistance to mobilise, their call bells were not within reach. This put people at risk of not receiving support in a timely manner.
- The provider's systems to learn lessons when things went wrong were not always effective in ensuring actions were identified in a timely way. We found an incident written in daily notes about an altercation between two people. This was not recorded on the incident log, and it was not clear what action had been taken after incidents to keep people safe.

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

The registered manager and nominated individual were open and transparent throughout the inspection. They responded to the concerns identified during the inspection and took immediate and responsive action.

Using medicines safely

At our last inspection we recommended the provider ensures regular medicines audits are carried out and any issues addressed immediately with staff to embed new practices. Not enough improvement had been made and the provider was now in breach of regulation 12.

- Staff competency assessments had not been completed prior to staff administering medicines, to ensure their practice was safe.
- Records were not always completed to show topical preparations such as creams were being applied; therefore, we were not assured people's skin was cared for properly. We were also not assured topical

preparations were stored safely. This meant there was an increased fire risk because some creams can contain oil and it can make it easier for clothing, dressings and fabric to catch fire.
● We found some liquid medicines had not been dated when they were opened. This meant there was a risk these could be used after their expiry date.
● Some people were prescribed pain relief in the form of a patch applied to their skin. However, there was poor record keeping to demonstrate these had been applied properly.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
● The provider had systems in place to safeguard people from the risk of abuse including the training of staff in how to recognise and report abuse. However, these did not effectively ensure people were protected from the risk of avoidable harm because they were not operated effectively.
● The registered provider had not ensured all referrals to the local authority safeguarding team had been completed. Some recent safeguarding concerns had been raised and not shared with CQC. Due to the process of reporting incidents not being followed robustly, we could not be assured that the relevant agencies had been alerted to all concerns to ensure full and thorough investigation.
● Accident and incident reports and behaviour monitoring records were therefore not complete and did not provide an accurate overview of accidents, incidents and behaviours that challenged at the service.

The provider had not ensured people were protected from the risk of abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staffing and recruitment
● Staffing levels did not always reflect the needs of people in the service. The registered manager used a dependency tool to assess the number of staff required. A dependency tool collates information about each person in receipt of care and support and calculates how many hours of staff support they need. However, the dependency tool does not account for the layout of the building or busy times of the day.
● Throughout the inspection staff were busy with care tasks. They had very little opportunity to spend any meaningful time with people or ensure their safety. There were times when people at risk of falls were left unattended for long periods of time by staff and falls sensors were either not working or switched on. This meant there was an increased risk of falls. During lunchtime people who needed encouragement and prompting with their meals were not receiving this as staff were too busy. We concluded there were not enough staff on duty to meet people's needs.
● Relatives gave us mixed feedback about staffing levels. People told us the care staff were lovely. One relative said, "I honestly don't think there are enough staff, particularly at night but also during the day." Another relative told us, "Sometimes there seem to be quite a lot [of staff], but not so many at weekends or nights."

The provider had failed ensure there were enough staff to support people safely. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The provider's recruitment policy helped them recruit suitable staff. This included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was supporting people living at the service to minimise the spread of infection.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was responding effectively to risks and signs of infection.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting

● We observed visitors entering the home throughout the inspection and were seen spending time with their family members in the lounge, dining areas and bedrooms.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

● Staff were provided with training around the needs of people including dementia and positive behaviour support. However, the training was not always effective in enabling staff to be competent in providing appropriate care. People living with dementia and people with behaviours that challenge did not have clear plans or guidance in place to guide staff about how best to support them. This had resulted in a high number of potentially avoidable incidents where people had been harmed. More training was planned to support staff to develop their skills and knowledge.

● Relatives gave mixed feedback about support staff skills. Comments included, "There are not enough staff who can deal with dementia. They aren't trained to make a difference to someone's life, the residents have to wait and hope their needs will be met." Another relative said "They are good at persuading [relative] to have a wash and to take their pills, they know what they are doing."

The provider had failed ensure staff had the qualifications, competence and skills to support people safely. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they felt supported, and management were approachable.

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

● Some people required support to eat their meals and there were not enough staff deployed to do this in a timely or dignified way. Staff supported several people at a time, repeatedly having to move back and forth from person to person which did not encourage people to eat well.

● Overall, we received positive feedback about the meals provided and people told us their individual needs and preferences were met. Comments included, "[Relative] loves the food and has gone from not eating to mostly feeding themselves and enjoying the food", "The food is reasonable, and they have fresh veg" and 'We've been with [Relative] at lunch time and the food looks fine."

● An individual meal preferences sheet was completed for each person which recorded their likes and dislikes and any special requirements, such as modified texture diets. These sheets were kept in the kitchen. Staff told us they found these helpful, particularly for new residents.

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

● People's needs were not always appropriately assessed, and their needs were not clearly reflected within their care plans. Information contained in people's care plans was not clear and some information was

contradictory. This placed people at risk of not having their needs met.

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

● People told us they were able to access health care at the service and this was confirmed with relatives. One relative said, "The doctor comes in once a week, and he talks to me if there is any change."

● Staff reviewed people's health continuously and if they had a concern, they would either speak the with nurses or contact health care professionals to gain advice.

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

● People's individual needs were met by the adaption, design and decoration of the premises.

● People had individual bedrooms with ensuite facilities and were encouraged to personalise them with furniture and personal items. The communal areas provided space for people to relax, take part in activities and to receive visitors.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

● Overall, people's rights were protected because staff acted in accordance with MCA. We saw from the care plans where people's capacity was in doubt, assessments took place along with clearly recorded best interest decisions. Examples of these related to consent to living at the service and having bed rails. Where appropriate, DoLS applications had been submitted to the local authority for authorisation.

Inadequate

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were ineffective and did not assess, monitor, and drive improvement in the quality and safety of the service being provided.
- The provider did not have an effective system to assess, monitor and reduce risks relating to the health, safety, and welfare of service users. Where risks were identified, measures to lessen the risks had not been implemented.
- Clinical staff did not take responsibility for their work and did not demonstrate they were competent to perform their roles. This had increased the risks to the health and welfare of people in the service.
- Systems to record, investigate and analyse accidents and incidents were not robust enough to prevent further incidents.
- Records were not always up to date and accurate. For example, we found people at risk of weight loss were placed on food charts, but these had not been completed properly, were not reviewed, monitored, or evaluated. Therefore, it was unclear whether the people were receiving adequate nutrition or appropriately supported.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and nominated individual were open and transparent throughout the inspection. They responded to the concerns identified and demonstrated they were committed to driving improvement in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not consistently receive person-centred care. Staff only had time to complete practical tasks. There was little or no engagement between staff and people. However, when staff did engage it was caring and appropriate.
- People gave us mixed feedback about the care. Comments included, "The staff are brilliant, so good" and "Some of the carers are lovely but I don't feel there is quality to the care."
- Staff told us the registered manager was approachable and supportive and they felt able to raise any concerns about people's care with them or personal issues.

Continuous learning and improving care

● The providers systems to improve the service were not robust as the service had deteriorated since the last inspection.

● The provider has increased the management presence in the service and were working on making and embedding improvement. The provider had been working with an action plan set by the local authority to drive specific improvements within the service.

● The management team gave assurance these improvements would continue to be further embedded, to ensure there was a continuous and sustained approach to improving care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood their responsibilities under the duty of candour.

● Relatives we spoke with felt the registered manager responded to any concerns and they felt listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing maintained.

● The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to protect people from the risk of abuse was a breach of regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed ensure there were enough competent, trained staff to support people safely. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.