

Oakdale Care Homes No. 2 Limited

# Layston Grove Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Layston Grove Care Home is a care home providing accommodation for up to 66 people older people, some of whom are living with dementia. At the time of the inspection there were 26 people living at the home.

### People's experience of using this service and what we found

At the last inspection, the service was failing to ensure people's safety was promoted and did not have effective governance systems. As a result, there was found to be a breach of regulation 12 (Safe care and treatment).

At this inspection we found that the required improvements had been found and systems implemented to address the shortfalls had been effective.

People felt safe and told us the staff were kind and friendly. Relatives felt the staff team were very good. People's safety and welfare was monitored. If an incident or concern arose, the management team identified and resolved it. Incident, events and unexplained injuries were recorded and investigated. Where needed, incidents were reported appropriately.

People were treated with dignity and respect. People and staff had developed positive relationships and staff knew people well. Care plans were detailed giving staff the appropriate information to meet people's needs.

Records were reviewed to help ensure people's needs had been met. Staffing was monitored to help ensure staffing numbers were effective.

Staff felt they had enough training and support to do their role and found the leadership of the management team to be good. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of COVID-19. However, we found that staff did not always work safely in relation to COVID-19. The registered manager advised that additional training was scheduled following the inspection to address this.

Medicines were now managed safely, and these were checked through an audit system.

Governance systems to monitor and identify concerns had been developed and these had been effective as the issues found at the last inspection had been addressed.

### Rating at last inspection

The last rating for this service was Requires Improvement (published 15 May 2019) and there was a breach of

regulation. The provider sent us an action plan stating how they would make the required improvements.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 09 April 2019. A breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Layston Grove Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

**Requires Improvement** ●

### Is the service well-led?

The service was well led

**Good** ●

# Layston Grove Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by two inspectors and an assistant inspector. The assistant inspector made calls to relatives and staff.

#### Service and service type

Layston Grove Care Home 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.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

#### During the inspection

We spoke with seven members of staff and the registered manager. We spoke with three people who used the service and received feedback from five relatives. We spoke with visiting health care professionals. We contacted the local authority for their feedback.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found that the rating has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- At the last inspection, the provider failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was enough improvement and the provider was no longer in breach of regulation 12.

- People told us they felt safe. Relatives also told us they felt people were safe. One relative said, "Yes I do think she is safe, very safe. I am happy with her there. Because the service keeps me in the loop of knowing what's going on." Another relative when asked if they felt people were safe said, " Yes I do get this impression, I think it's because she wasn't safe at home, and I have the utmost confidence, for her health, welfare and safety."
- Most staff told us the registered manager was regularly around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. For example, one staff member told us how a person needed to have their drinks when in bed.
- Staff told us they had attended fire training and fire drills. Some staff were able to confidently explain what to do in the event of a fire, however two staff members needed more prompting to explain what would be needed but they did know that people had personal emergency evacuation plans (PEEPS). Records showed that staff had attended fire and evacuation drills.
- Where people had a history of falls, we saw that there were actions taken to help reduce the risk of a reoccurrence. One relative said, "She has had a couple of little tumbles and falls but the service have always called me and told me."
- Accident and incident analysis was completed each month to help identify themes and trends.
- Pressure care was managed safely. Records showed that people were supported to reposition when needed and pressure relieving equipment was in place and checked.

### Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found that systems to monitor, report and investigate unexplained injuries were not robust.

- At this inspection we found that systems in place recorded unexplained injuries and a member of the management team completed an investigation. Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. People who were shielding had isolation posters which caused confusion. Social distancing was not adhered to when people used communal areas. Chairs were positioned next to each other. Staff need to be clear about who needs to shield and how this is done.
- We were assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely. Staff training had been completed. Staff were wearing masks in communal area, apron and gloves for care delivery. However, when removing PPE, no handwashing observed. Staff were transporting crockery from an isolation room without gloves. Donning and doffing training had been completed and this was being refreshed following inspection feedback.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff did not always work in line with best practice. They did not always wash their hands in between tasks.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Following the inspection, the registered manager told us they had discussed the concerns in handover and arranged for additional training.

#### Using medicines safely

- Records were accurately maintained for medicines and they were stored securely.
- Medicine audits were completed, and staff training was carried out.
- A sample of medicines checked showed that the quantities matched the records held.

#### Staffing and recruitment

- People told us they were comfortable and had what they needed. Relatives did not raise any concerns about staffing. The registered manager told us that only one staff member was currently off work, everyone else had returned from an isolation period.
- People looked well cared for. One relative said, "Very pleased with the service, they have been very good, and rang me and told me what's going on with my family member. She has had COVID-19, GP has been in, and he has been good. She was poorly. Taken good care of her and kept me informed all the way."
- Another relative said, "I think the service is very good and fair degree of feedback, albeit I appreciate there are difficulties now with COVID. My relative is healthy, well fed and well looked after, and she appreciates that. My relative said staff don't just treat me well. People treat me with love."
- Staff told us that in general, staffing levels had improved, and they had time to spend with people. One staff member said, "I feel that we have enough staff now. But when COVID-19 first hit staffing was a massive issue. I wouldn't say it impacted on people's safety, but quality of care yes. People waiting too long for pad changes mainly. There wasn't enough staff to go around and do everything that needed to be done. You



would be helping someone else and planned to do one thing and getting a call to do another thing. The company tried to get extra staff and employed agency staff which helped. Not so much agency staff needed recently."

- People were assisted promptly when they used their call bells.
- We saw that there were enough staff available to meet people's needs and maintain cleaning tasks.
- Staff told us training and supervisions were ongoing. The registered manager explained that some training refreshers were behind due to an outbreak of COVID-19, but this was rescheduled. The training matrix showed that progress was being made.

#### Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of. For example, infection control updates and reminders.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Staff feedback about the registered manager was mainly positive. Most staff felt they were supportive and demonstrated leadership where needed.
- The management had worked on addressing the areas of concern in the home and learned from previous concerns. Systems had been put in place to reduce the risk of reoccurrences.
- People and their relatives told us they were happy with the care they received. One relative said, "I think it is the most wonderful place, and couldn't praise it more highly. The staff are wonderful and my relative is happy there. The staff are very, very caring. Having said I haven't been there. I will speak to carers over the phone, face time each day."
- We saw that throughout the visit people were treated with dignity and respect. Staff spoke kindly to people and had positive relationships with them. People were heard laughing and joking with staff. A staff member told us they would be happy to have a relative of theirs at the home. They said, "All the staff are really caring. Person centred (care) all the time. They are very good with attention detail, I would definitely trust them with my relative."
- People were offered choices, staff took time in explaining things.
- Feedback from people, relatives and staff was sought and collated to form part of an action plan where needed.
- Most staff told us that a member of the management team was available, and they felt confident to go to them with any concerns.

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

- Relatives told us that the management team were keeping people and their relatives informed about events and incidents in the home. They were reporting to the appropriate agencies.
- Relatives told us that the home had supported people to keep in contact with them during the COVID-19 pandemic. One relative said, "I am happy with her there, because the service keeps me in the loop of knowing what's going on."
- Relatives told us that they felt the management team were open and shared information with them. One

relative felt that communication could be improved.

- Relatives were positive about the management team. One relative said, "I do think it is well managed. Happy to speak with [Registered Manager]."
- There were audits across all key areas of the home. For example, infections, falls, care plans, fire safety and medicines. Where any shortfalls were found, an action plan was developed. We found these to be effective as there were fewer shortfalls found and no breaches identified as part of the inspection.
- Care plans included clear information to help guide staff. The electronic system flagged when reviews were due and if any planned care needs were not recorded as being completed. Staff all knew people well, including their likes and dislikes.
- The registered manager provided guidance and support for staff.

Working in partnership with others

- The registered manager was in contact the local authority and engaging with CQC to support the inspection and help identify any shortfalls.
- During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.
- The management team was open to feedback and wanted to use this to improve and develop the service further. Additional training was scheduled following feedback about some infection control practice in the home.