

Barchester Healthcare Homes Limited

Latimer Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Latimer Court is a residential care home that provides personal care and nursing for up to 80 people aged 65 and over. The home's purpose-built environment is divided into four communities: Avalon, Grosvenor, Woodbury and Beaufort. At the time of our inspection there were 62 people living at the home, some of whom are living with dementia.

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

Since our last inspection there had been improvements in medicine management. This included systems and procedures for checking of medicine administration and escalating concerns to the registered manager.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how and who to raise any possible safeguarding concerns to. People were supported by staff who had been safely recruited. People's needs were regularly monitored to ensure there were enough staff on duty to meet their needs.

People were protected from infection as there were effective infection prevention and control procedures in place which staff followed to keep people safe.

There were effective quality assurance systems in place to monitor, manage and improve service delivery. This included regular audits and checks. These were used to identify any areas for improvement.

People, relatives and staff were offered opportunities to provide feedback about the care provided at Latimer Court.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received in relation to staffing arrangements impacting on people's care and support. We also wanted assurances the provider had followed their action

plan and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions safe and well-led which contain those requirements.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Latimer Court

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.

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

The inspection team consisted of one inspector and a specialist advisor in nursing.

Service and service type

Latimer Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Latimer Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the 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 also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 one relative and five relatives emailed us to provide feedback about the service. 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. We spoke with six members of staff including the registered manager, regional director, nurses, care staff, head chef and head of housekeeping.

We reviewed a range of records. This included care records and multiple medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure people were supported to take the medicines they were prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medication records confirmed they received their medicines as prescribed.
- Systems and procedures were in place for checking of medicine administration and escalating concerns to the registered manager.
- People received their medicines from staff that were trained and regularly had their competency assessed. Records showed all staff trained to administer medication had their competency assessed within the last 12 months.
- Where people received their medication covertly there was a protocol in place to evidence an mental capacity assessment (MCA) had been completed and a best interests' meeting had taken place. However, the protocol did not evidence a pharmacist had been consulted on safe administration method.
- It is good safe practice to consult a pharmacist as it is generally not acceptable to crush medication or to open capsules as this may alter the properties of the tablet or capsule. By doing this the person may absorb the medication quicker than intended and suffer side effects. Adding to food and drinks may also affect the active ingredient of the medication or how they are absorbed if more than one tablet is taken together). The protocols were immediately sent off to the pharmacy and the registered manager sent us a copy of the protocols signed by the pharmacist following our inspection.
- Where people received 'as and when' medication there were clear protocols in place for the administration of these. The protocol's also provided staff guidance on what action should be taken should this not be effective. For example, medication in relation to seizures.

Staffing and recruitment

- Staffing arrangements met people's needs. We did not hear calls bells ringing for long periods of time or observe people having to wait for staff to respond to them.
- A relative told us at times the deployment of staff needed to be improved to ensure people's individual needs were responded to at all times.
- The registered manager told us they monitored people's needs and would increase staff if people's needs changed.

- Staff recruitment was ongoing and regular agency staff were pre-booked to cover current vacancies to ensure staffing arrangements met people's care and support needs.
- The provider followed safe recruitment processes. This included ensuring there were previous employment checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse. Systems were in place to record, report and monitor any allegations of abuse.
- Staff had received training on safeguarding and understood their responsibility to record and report any concerns.
- Where incidents had been raised they were reported appropriately to the local authority safeguarding team in line with local procedures and appropriate safeguarding investigations were carried out.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care needs had been identified and kept under regular review. This included risks around health, mobility, skin integrity, nutrition and medicines.
- Risks within the environment and any equipment used were identified and action taken to monitor these. For example, regular checks and servicing were made on fire safety and wheelchairs.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

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

Visiting in care homes

- There were no restrictions in place on visiting arrangements. People were observed receiving visits from family.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. An analysis of these were undertaken to identify trends and patterns and any action required to prevent reoccurrence.
- The registered manager monitored a number of key areas including falls, tissue viability, nutritional risks, choking incidents and medication errors. This showed action was taken in a timely way to ensure safe care for people at risk in these areas.
- Any learning from any accidents and incidents were shared and discussed with the staff team during daily stand up meetings, during handovers and at staff meetings to prevent these from happening again.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been changes in the management of the home since our last inspection. A new manager was in post at the time of the inspection who was registered with the Care Quality Commission [CQC].
- The registered manager had previously worked at Latimer Court and in various other roles for the provider. The registered manager was therefore experienced and knowledgeable about systems and processes, and knew staff and people well.
- Staff were clear about their roles and responsibilities and had received the relevant training to ensure they provided the required standard of care and support.
- There were daily meetings with staff to ensure effective communication about key issues to ensure staff were clear about their tasks and responsibilities.
- There were effective quality assurance systems in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.

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

- Relatives told us their views on the care provided to their family members was regularly sought and acted upon. Relatives said staff contacted them to let them know how their family members were. One relative said, "The duty staff are available on a daily basis and always advise about changes to medication and any needs. They do not wait for formal meetings...the staff don't just do their jobs but care. Everyone irrespective of role knows me and who my family member is." Another relative said, "[Registered manager's name] is very proactive and most helpful when needing advise, door (is) always open and email response is immediate."
- Staff told us they found the registered manager to be approachable and visible and told us communication had improved since they had been in post. One staff member said, "[Registered manager name] is so supportive, they do what they say they are going to do."
- The registered manager had an open door policy and staff told us they did not have to wait until meetings with the registered manager and seniors if they had any suggestions for improving the care provided. Staff told us they were listened to which encouraged them to make suggestions for improving people's care further.
- A relative spoke highly of Latimer Court saying, "I cannot fault the staff, carers are all wonderful, caring and angels in my eyes...nothing is too much trouble. The cleaners and laundry are really caring people and keep

the place looking good. The chefs who do a wonderful job, food like first class hotel. Admin staff always there for you and continually helpful and maintenance team is ready to tackle any problems. I can highly recommend (the home) to anyone who needs 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 duty of candour and knew if mistakes were made they had a duty to be open and honest, provide an apology and take any necessary action.
- Relatives we spoke with said they were told immediately of any incidents. One relative described the care provided following their family member having a fall and said, "The care [person's name] has is wonderful... they [staff] have done everything to help [person's name] in their recovery. The care has been second to none, cannot fault it, and all [staff] have gone the extra mile to help [person's name] recover. The registered manager has been so helpful to us, the carers and clinicians have been so kind to [person's name] to help on their recovery, nothing is too much trouble."
- The registered manager understood their responsibility to notify CQC and other authorities of any significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives feedback was gained through reviews and surveys to drive through improvements.
- Staff told us they received regular supervision and were positive about the support provided by the registered manager. One staff member said, "[Registered manager's name] is fully supportive and a good manager. [Registered manager] is brilliant." Another staff member said, "The manager is very supportive, approachable and available."

Working in partnership with others

- The registered manager told us they had good relationships with healthcare professionals such as GPs and said they were now receiving a lot more support.
- Staff worked with other local agencies to ensure people continued to have access to other services to make sure their needs were met. This included district nurses, dentists and podiatrists.