

## Barchester Healthcare Homes Limited

# Latimer Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 4 July 2017 and was unannounced.

The home provides nursing and personal care for a maximum of eighty people. There were 32 people requiring support when we visited the home. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

The home was previously inspected on 7th October 2016 where we found concerns and the home was placed in Special Measures for six months. At the last inspection on 7 October 2016, we asked the provider to take action to make improvements to staffing levels, training and support for staff, the ways in which people's care was planned, reviewed and monitored, their response to complaints and the overall management of the home. This action has been completed. At this inspection we found there were improvements.

People told us they felt safe and knew the staff supporting them. People felt assured that the continuity of staff meant that nursing and care staff understood their health conditions and the associated support they needed. The number of agency staff used by the provider had reduced since the last inspection and there was a permanent team in place that worked within dedicated areas of the home. Staff understood how to keep people safe and protect them from the risk of harm. Staffing levels were reviewed to ensure people's assessed needs were met. Background checks were completed on staff to assure the registered provider of their suitability to work at the home. People received support take their medicines as they should.

People were supported by staff that had access to training and guidance to ensure they had the skills to understand people's needs. People had confidence in the staff supporting them. People were offered a choice of food and drinks although some people had not always liked the food. The management of the home were working to improve people's experience at mealtimes. People had access to healthcare professionals who supported them to maintain their wellbeing.

People knew and liked the care staff supporting them and valued the continuity of staff. People felt staff understood their care needs and how best to support them. Relatives knew staff and were able to get feedback from staff about how their family member had been cared for. People were treated with dignity and respect and encouraged to maintain their independence.

People's care needs and preferences were reviewed regularly and updated so that they received care that met their expectations. People told us there had been a recent improvement in the activities available to people and that they were encouraged to take part in activities and interests they liked and. People understood that there had been changes in the staff supporting them with their activities. People felt

assured their thoughts and feeling about the service were being listened to and acted upon. People were offered a number of different ways to share their thoughts about the care they received.

People and staff knew and liked the registered manager and there had recently been stability within the leadership of the home. The registered manager had made a commitment to improving staff morale and people's experience of care within the home. The clinical lead, the activities coordinator and chef were all new to the home and were working to improve and sustain improvements within the home. The improvements made so far reflect the current reduced occupancy at the home and this will need to be monitored to ensure people's care and experience remain positive and sustainable as the occupancy increases.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 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?

Good ●

The service was safe.

People felt safe around care staff they knew and who understood how to keep them safe. Risks to people's health were known to staff. Background checks were completed on staff to check their suitability to work at the service. People received support to take their medicines.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had access to support and supervision. People were offered choices at mealtimes although they did not always enjoy the meal offered. People were offered and had access to a number of different healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People knew and liked the staff supporting them. Staff were familiar with people's support needs and included people in decisions about their care. People were treated with dignity and respect.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People had access to activities and understood there had been changes in staff supporting them. People's care was reviewed and updated based on their preferences. People understood how to complain if they needed to do and people and their families were consulted and included in discussions about how the service could be improved.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

A registered manager was in post and was working to provide stability within the home. We could not be assured that the system for improvements within the home had been embedded.

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# Latimer Court

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 July 2017 and was unannounced. There were three inspectors in the Inspection Team.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to six people living at the service. We also spoke with five relatives, six staff, the clinical lead, the deputy manager, one visiting health professional, the Registered Manager and the Divisional Director.

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

We reviewed three care records, the complaints and compliments folder, recruitment processes for three staff, audits completed by the registered manager and registered provider as well as minutes of staff and relatives meetings. We also reviewed the last four weeks staffing rotas for the home.

# Is the service safe?

## Our findings

The home was inspected on 7th October 2016. At that inspection we found concerns with the high number of agency staff used and rated this section as Requires Improvement. The home was also placed in Special Measures for six months. The home had previously been in Special Measures during November 2015 and May 2016 when we identified similar concerns. At this inspection we found there were improvements.

People told us they felt safe at the home. People told us they felt reassured that they knew staff and that staff were familiar to them. People also told us they felt safe because the staff understood their needs. One person told us, "I'm no longer seeing a different person every night." We saw people were relaxed in the company of staff and people felt at ease with staff they knew.

Staff we spoke with confirmed they had received training and understood how to keep people safe. Staff explained to us the different forms of abuse and how they would take steps to protect people from the risk of harm. Staff told us they would share concerns with a senior member of staff so that action could be taken to protect the person. We reviewed notifications the registered manager had completed prior to the inspection and saw these had been completed appropriately and in a timely way. The registered manager demonstrated their understanding of their obligations and told us they had developed a working relationship with the local authority and felt able to contact them and consult them as necessary.

Risks to people's health were explained to staff at handover meetings so that staff understood if there had been any changes in people's health that needed to be noted. A nurse we spoke with explained how they shared information with care staff to ensure they understood how best to support people. Care staff we spoke with told us they found this information essential. We saw how nurses recorded and shared information which was colour coded to reflect the level of risk associated with each person. For example, one person required greater support to mobilise and this was highlighted for staff so that they observed them and supported them appropriately. For another person, they were experiencing weight loss and staff were encouraged to support the person with high calorie smoothies.

The registered manager told us that staffing numbers were based on people's dependency levels. They told us each person's dependency level had been assessed and was up to date. They told us they currently had more staff than was necessary to support people.

We reviewed how staff were recruited to work at the home and saw that background checks were completed on staff to ensure their suitability to work at the home. We reviewed the processes for three staff and saw that checks included their identity, references for staff as well as a check to whether they had any criminal convictions. Staff we spoke with told us background checks were completed before they commenced work at the home.

We observed a medication round and saw the nurse was knowledgeable about the people they were supporting and their individual needs. We saw and people told us they received the support they needed. One person told us, "The tablets are given to me by staff to take". A relative told us their family member

received medicine that had to be taken at specific times and they received these at the correct times. The way that medicines were given to people and stored were also checked by the registered manager. The registered manager showed us the results of an audit that had recently completed by the pharmacy supplying medicines to the home. We saw that there were no issues or changes required.

The improvements so far reflect the current reduced occupancy at the home and this will need to be monitored to ensure people's care and experience remain positive and sustainable as the occupancy increases.



## Is the service effective?

### Our findings

The home was inspected on 7th October 2016. At that inspection we found concerns with the way staff were supported and rated this section as Requires Improvement. The home was also placed in Special Measures for six months. At this inspection we found there were improvements.

People told us they had confidence in the staff supporting them and that they were assured that they received the care they needed. At the last inspection some relatives told us that did not have confidence that the agency staff understood or had the training to support their family members. At this inspection, we spoke with some of the same relatives we spoke with last time who told us they had confidence in the staff working there. They told us the staff training had been overhauled and about the differences they had seen in the staff interaction with their family members which had been positive.

Staff told us they were given support through supervision and training. One staff member told us "There's lots of training." The registered manager told us about how training had been reviewed and updated since the last inspection to assure the registered provider that there was consistency in staff knowledge across the home.

We saw minutes of staff meetings and saw that staff were given an opportunity to attend. Staff told us there was advance notice of meetings so that they were given every opportunity to attend. Staff meetings were also used as a reminder to tell staff about training opportunities available.

Nursing staff also told us they were supported by a new clinical lead who was beginning the process of familiarising herself with people's needs. Nurses told us they were able to access the training they needed and were supported to continue their professional development. A Clinical Development Nurse also visited the home regularly to review clinical practices and offer support to nurses.

Staff told us they were supported with a variety of training and this included the Mental Capacity Act. 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 Act 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. We saw there was a system in place for assessing and recording information about people's ability to make decisions for themselves. Where appropriate, decisions made in people's best interests were recorded. A visiting professional told us they had reviewed the paperwork relating to people's ability to make decisions and found them to be detailed and accurate.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications and had shared information with staff about how these related to individual people.

We also saw that training and guidance for staff was available to help direct them about who may have been deprived of their liberty.

People told us they were offered choices in the meals they were offered. We saw that people that required support received this. Staff understood which people required special meals and ensured that people for example requiring a softened diet received these. People's weight was monitored where appropriate people received the correct diet and fluid intake. We also saw where there were concerns about a person's ability to swallow that the Speech and Language Therapist was referred to assess their nutritional needs.

People told us they accessed a number of different healthcare professionals and that if they were concerned about their health they could discuss it with the nurse. One relative told us they regularly spoke with the nurses to discuss their family member's condition and how the nurse was supporting them. They told us the GP visited the home regularly and saw their family member when appropriate. We saw that people were supported to attend hospital appointments, dentists and the optician.

# Is the service caring?

## Our findings

The home was inspected on 7th October 2016. At that inspection we found concerns with staffing and the high use of agency staff because staff did not always understand and provide care that met people's needs. We rated this section as Requires Improvement. The home was also placed in Special Measures for six months. At this inspection we found there were improvements.

People told us they knew the staff and that staff were familiar with their needs. One relative told us they liked the fact they found the, "Same staff" when they visited the home. Another relative told us staffing was better because the staff were familiar to them.

We saw numerous examples throughout the day of staff in friendly interaction with people. We saw people exchange light hearted jokes and people responded warmly to staff. We also saw relatives recognise staff and know the names of staff. We saw when relatives arrived, staff greeted relatives warmly and gave them a brief update of how their family member had been.

The registered manager told us that the home had been divided into neighbourhoods and that there were dedicated staff to work within each neighbourhood. This allowed each staff member to familiarise themselves with people's individual needs. Staff also shared with us how they felt the home had improved and that the continuity of staff had helped. One staff member told us, "Its better. There's continuity. The home's more settled."

Relatives told us they had initially been sceptical about the change to neighbourhoods, but they had seen positive changes. One relative told us staff were dedicated to each neighbourhood and that they understood people's behaviours. One relative told us their family member had specific behaviour associated with their Dementia, but staff understood their family member and how to support them.

People were involved in making day to day decisions about their care. We saw people were offered choices in where to spend their time. We saw people awoke at times of their choosing. Some people told us they chose to wake early and some preferred to wake late and were offered breakfast a time they liked.

Relatives we spoke with told us they continued to visit their family members whenever they chose to. We saw a number of family members come in and see their family. We saw people chose where to spend time with their family. We saw people chose to sit in either the lounge, the coffee area by reception or in people's bedrooms. We also saw that people were encouraged to make use of the garden and people sat in the garden and enjoyed the weather.

Staff we spoke with understood what caring for a person with dignity meant. The registered manager told us a huge amount of time had been invested in ensuring staff understood what supporting people appropriately meant. We saw examples throughout the day of people being supported to maintain their independence and dignity. We saw people were encouraged to eat independently and staff only intervened to help when it became apparent the person needed help.

## Is the service responsive?

### Our findings

The home was inspected on 7th October 2016. At that inspection we found concerns with the way people received person centred care. We found there was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014. At the same inspection we identified concerns with how complaints were responded to and found there was a breach Regulation 16(2) HSCA 2008 (Regulated Activities) Regulations 2014. We rated this section as Inadequate. The home was also again placed in Special Measures for six months. At this inspection we found there were some improvements.

People told us their access to activities offered had improved recently. One person told us, "The staff are friendly and there's activities on offer." One relative told us, "At one point the activities were non-existent. Now activities are being planned." When we raised people's access to activities, the registered manager explained that a new co-ordinator had been recently appointed. We saw that people had access to a number of activities within the home during the inspection.

We spoke with the activities co-ordinator who told us about their plans for working with people. They explained how they were familiarising themselves with people's individual preferences for activities they would enjoyed. Two relatives we spoke with knew that a new activities co-ordinator had commenced work at the service and told us they were looking forward to the opportunities this would offer.

The registered manager assured us that the "Resident of the day" reviews were taking place and that this allowed management to understand people's up to date needs. The resident of the day is a method where each person's care is completely reviewed and updated. One relative we spoke with confirmed they were aware of review meetings and felt involved in the process. Staff also told us they were involved in care planning meetings and this helped consolidate their understanding of people's needs. Three care plans we reviewed demonstrated how their care plans had been updated with people's changing needs.

At the last inspection, people and their families told us they had given up complaining to the registered provider because the registered provider didn't want to listen to their views. At this inspection we spoke to some of the relatives we had spoken with previously and found there were improvements. One relative told us they were happy to speak with the registered manager and share any concern they had because the registered manager was willing to listen.

We saw that a number of initiatives had been instigated to try and reassure people and their families that people's views about the service would be listened to and taken on board. We saw the minutes of meetings that were held regularly to allow people and their families to share their views on the service. The registered manager told us they had held a 'surgery' initially to reassure people of their willingness to listen. The deputy manager also told us that in recent months the number of telephone calls from concerned relatives had decreased. Relatives were also given access to a dedicated email so that they could contact the registered manager about any issues that were important to them. Relatives we spoke with told us they were aware of the email address and used it when needed.

The registered manager also described how they had been at the home on evening and weekends in order to make themselves accessible and visible within the home in order to try and develop a relationship with families. They told us this had been positive because they became a recognisable face. One relative told us, "I can speak to staff and get things sorted."

We reviewed how complaints were being reviewed and responded to and saw there was a system in place and that opportunities were being offered to people to discuss their complaints. People and their families told us they were more willing to speak with staff and feedback what they thought. We saw that where complaints were made, learning from those complaints was shared with staff so that staff could incorporate learning into their day to day care.

## Is the service well-led?

### Our findings

The home was inspected on 7th October 2016. At that inspection we found concerns with the way the home was run and how the manager was supported. The home had also had a number of different managers within a short period of time. We found there was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. We rated this section as Inadequate. The home was also again placed in Special Measures for six months. At this inspection we found there were some improvements

People at the home did not always like the food offered at the home. When we raised issues about the food, the registered manager explained there had been some changes in the way food was provided and that staff were gradually becoming familiar with the system. We explained that people's experience at mealtimes varied and people had told us there were issues with the quality of the meals. The registered manager and divisional director agreed to monitor and review people's experiences.

Staff told us morale at the home had improved and that the home had a different feel. Staff told us they felt part of a team and that they felt able to speak with senior staff including the registered manager. Staff told us they felt more aware of developments within the home and that staff meetings occurred regularly. They told us that whilst there had been an unsettling period at the home, things had now settled down. They told us the frequent changes in management, management style and the changes in staff and agency staff had left staff feeling unsure about their role within the home but that things continued to improve.

We noted there had been changes in the management team within the home to reassure staff. The registered manager reiterated her commitment to the home. We noted that the chef, clinical lead and activities-co-ordinator had all changed within the recent weeks prior to the inspection and that staff were working to improve and sustain people's experience of care at the home. Changes within the home will need to demonstrate they are sustainable and provide a positive impact on people's care and experience of care.

People and families we spoke with knew the registered manager and felt she was a familiar face to them. People and their families knew her name and told us they had met with her. We saw the registered manager speak to people and families throughout the day. The registered manager told us the service had to be good enough for her family to live within for her to be assured that care was of a sufficient standard.

The registered manager described a new way of auditing the care and support provided to people to understand people's experiences. The registered manager described how it had been piloted at the home and was proving to be a success and its usage had been increased to other homes. We reviewed the audit tool and saw how both clinical and care issues were highlighted for the clinical lead and registered manager of the home to refer to. For example, skin care was highlighted as a priority for the home and the registered manager recognised that this was being monitored by the registered provider.