

## Barchester Healthcare Homes Limited

# Latimer Court

### Inspection report

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Date of inspection visit:  
07 February 2019  
08 February 2019

Date of publication:  
08 March 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Latimer Court is residential care home that provides personal care and nursing for up to 80 people aged 65 and over. At the time of the inspection 51 people were living at the home, some of whom are living with dementia.

People's experience of using this service:

- People's safety was promoted by staff who were trained to recognise signs of potential abuse and how to manage and report any situations in which people may be at risk.
- People were provided with the care they needed because the provider had systems in place, which were regularly reviewed, to ensure there were enough staff with the right skills and knowledge.
- People received their medicines safely and staff understood each person's abilities and health needs.
- People benefitted from living in a clean and well-maintained home where staff worked as a team to reduce the risks of infections spreading by using the resources and equipment provided to do this.
- People and their relatives told us staff knew people's care preferences well, and supported people in the ways they preferred.
- People were supported with good nutrition and were able to access appropriate healthcare services when they had needed.
- People were supported to have control and choice over their lives and staff supported them in the least restrictive way possible.
- Staff had a caring approach towards people where respect was shown by staff to promote people's privacy and dignity.
- People were supported to keep in touch with others who were important to them.
- People were supported to take part in different leisure activities and the registered manager was acting to continually improve people's opportunities to have fun and follow their interests.
- People, their relatives, staff and other health and social care professionals were encouraged to make any suggestions for improving the care provided and the service provided further.
- People and staff had noticed improvements had been made since our last inspection and how a culture had developed whereby care was now centred around each person.
- The registered provider maintained systems to monitor and continuously improve the quality of services provided for people.

Rating at last inspection: Requires Improvement. The last report for Latimer Court was published on 7 November 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as

part of the inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** On 7 February 2019 this inspection was carried out by two inspectors, specialist advisor who is a nurse with knowledge and experience of dementia and an expert by experience. An expert by experience is someone who has had experience of working with this type of service. On 8 February 2019 one inspector returned to complete the inspection.

The service had a manager 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:** This inspection took place on 7 and 8 February 2019, and was unannounced.

**What we did when preparing for and carrying out this inspection:** We looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, health professionals and Healthwatch who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. 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 12 people who lived at the home and five relatives to find out their views of the quality of the care provided. We spoke with the management team including the registered manager, deputy manager and regional director. In addition, we spoke with a nurse and seven members of staff including care staff, a hostess and the head chef.

We looked at a range of records. This included sampling seven people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints, and the checks undertaken by the registered manager on the quality of care provided.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- Staff showed they understood how to recognise if anyone was at risk of abuse and how to report any concerns they had for people's safety.
- The registered manager knew their responsibilities in ensuring staff had training in abuse and they were required to report incidents to organisations with responsibilities for helping to keep people safe.

Assessing risk, safety monitoring and management:

- People's care records included plans for assessed risks to provide guidance for staff and were regularly reviewed. Staff used this knowledge when supporting people. For example, when people needed assurance and comfort to reduce the risks to their mental and emotional wellbeing.
- Staff understood how to identify and manage risks to people's health, safety and welfare. For example, staff's practices had a positive impact on reducing the risks of a person's skin deteriorating.
- Checks to the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Staffing and recruitment:

- People received care when they needed it so their safety was not compromised. One person said, "I think there are enough staff to support me."
- Staffing rotas were set out in advance and staff we spoke with said they felt happy safe staffing levels were met.
- The registered manager described to us staffing levels were maintained using the provider's dependency calculation tool and processes which were reviewed regularly.
- During our inspection the registered manager showed they were responsive to a person's needs as they adjusted staffing arrangements. This enabled staff to support the person to reduce the risks to their safety and welfare.
- The provider continued to check the suitability of potential staff to care for people who lived at the home.

Using medicines safely:

- People's medicines were managed by staff trained to do so. This had a positive impact for people as staff had maintained accurate medicine records to show people received their medicines safely and as prescribed.

- Medicines were stored securely, disposed of safely and newly delivered medicines were checked by two staff members, [a nurse and a senior care staff member] and documented prior to being given to ensure people's safety.
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.

#### Preventing and controlling infection:

- People were protected against the spread of infection by staff practices. We saw and staff described, how they worked to prevent the spread of infection. This included, having access to, and using, personal protective clothing such as gloves and aprons when required.
- The home environment was clean and well-maintained and systems were in place to enable people who lived at the home, staff and visitors to reduce the risk of cross infection. For example, hand gel dispensers were easy to access in communal areas. One person told us, "[The home is] always clean and tidy."

#### Learning lessons when things go wrong:

- Incidents and accidents were reviewed by the registered manager with staff, to identify any learning which may help to prevent a reoccurrence.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed in advance of them moving into the home to enable people's care and support to be planned. This helped to ensure people were supported by staff in the way they preferred and staff could meet all their identified needs.
- People's cultural and social needs were identified so staff could be aware and meet these. In addition, to people's physical needs the registered manager and staff told us how they took account of people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience:

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One staff member said, "The training is very good here and you are supported to do other training to help you learn more things."
- Training records we looked at showed staff training was up to date, and training sessions were booked in for staff to update their knowledge.
- Staff received appropriate support which promoted their professional development and assessed their competencies.

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

- People were supported to maintain a healthy diet. At lunchtime we saw people had the support they required to eat and drink.
- People told us they enjoyed the food provided. One person said the meals were, "As good as in a restaurant especially the puddings. I can choose whatever I fancy."
- The head chef described how a range of fresh food was purchased and prepared to provide a variety of choices for people's meals.
- Staff across all departments worked together to effectively meet people's food choices, specific dietary needs and any food allergies.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted.

Staff working with other agencies to provide consistent, effective, timely care:

- Throughout our inspection we saw staff responded to people's needs in a timely way and shared relevant

information to keep up to date with people's current needs. This was achieved by various communication methods including the daily head of department meetings and 'resident of the day.'

- Staff had made referrals to a range of health and social care professionals. For example, one nurse explained they were expecting a visit from a physiotherapist to provide staff with advice about how best to meet a person's physical needs.

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

- People had their own rooms which they had personalised to meet their preferences. One person described how their room was set out in the way they wanted and in ways which took account of their needs. For example, the style of bed had been considered to safely meet the person's care and support needs.
- The registered manager showed us there were plans to further improve the home environment to meet the needs of people living with dementia. This included having areas where people could experience different forms of stimulation such as, an area with a theme of music.
- There was an accessible garden, people told us they had used it during the summer.

Supporting people to live healthier lives, access healthcare services and support:

- People told us staff supported them to attend routine health appointments, opticians and dental appointments, so they would remain well. One person told us, "A GP comes to see me. The staff sort chiropodist and opticians."
- Staff regularly communicated information on people's changing health needs and adjusted people's care to ensure their care practices continually met people's needs to achieve positive outcomes.

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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as a hug or hand holding, when they needed such.
- When we asked people if staff supported them and treated them well, we received positive responses. One person told us about the support provided by a hostess staff member, "I like them [hostess staff member]; we enjoy some laughs and they help me to have drinks I like."
- Relatives we spoke with said they were happy with the support their family member received. One relative commented, "[Staff] always treat them [family member] with dignity and respect, a good bunch of people [staff]."
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- The registered manager had a caring approach toward people and the staff team. They had a strong drive to lead by example to make sure people were provided with care which was centred around them and staff took pride in their caring roles. For example, they had reintroduced the employee of the month to celebrate good caring practices.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and were involved in the care they received. One person told us, "If I want a shower, I just ask them [staff], and they sort that for me. They [staff] never make a fuss when I ask for any help, makes such a difference." Another person said, "I look at the board at what activities are taking place and choose if I want to take part."
- Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence:

- People felt their privacy and dignity was respected. One person told us "They [staff] are always kind to me when helping me with my washing and dressing when I need this. They [staff] make sure the door is closed."
- We saw staff providing people with support in a sensitive way. For example, staff adjusted people's clothes when they were required in a discreet way.
- People's level of independence was recognised and promoted by staff who cared for them. This included providing people with the aids they required so people could eat and drink as independently as possible.

- The provider recognised people's diversity, they had policies in place which highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- People enjoyed the services of a hairdresser. We saw people chatting in the salon and enjoying the experience. When one person's hair experience was completed we saw staff complimented the person and chatted about this.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At our last inspection on 4 July 2017, this key question was rated 'Requires Improvement'. This was because we found further improvements were required to ensure people were provided with personalised care including opportunities for people to follow their interests. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has increased to 'Good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they felt involved in how they liked and wanted to receive care and support. One person told us, "They do know what I like and involve me in what support I feel I need." One relative said, "They [staff] know their [family member] history, likes and dislikes."
- People were supported to be involved in planning their care such as providing information in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
- Care plans contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. Staff showed through their practices they supported people in line with their care plans.
- People could access leisure activities, such as sensory sessions, with bubbles and colours. Yoga exercise, armchair dance, animals visit including dogs, and arts and crafts. Seasonal and religious events were also celebrated. One staff member described how they supported people to fold laundry and promoted their senses by using different materials such as, bringing the seaside to people with trays of shells and sand. Another staff member said people enjoyed spending time with the children who came into the home.
- We saw natural conversations going on about the topics of the day. One person told us, "There is always something going on and I choose if I want to join in or not. I enjoy having a laugh with them [staff]." Another person explained how they enjoyed watching the cats which visited the garden area of the home. A conversation naturally occurred between two people and a staff member about the cat who was in the garden. Both people's wellbeing was visibly enhanced as they laughed and shared stories about the cat.
- The registered manager was responsive to continuing to improve people's stimulation as we saw there were times when this could have been enhanced. For example, having an additional person to support people with activities to do for fun and interest.
- Visitors were welcome, we saw when visitors arrived they were greeted by their name and showed empathy and concern about the family member. One relative told us, "I can visit at any time. When my relative was ill, my mother stayed with them."

Improving care quality in response to complaints or concerns:

- People who lived at the home and their relatives we spoke with knew how to raise complaints. None of the

people we spoke with had wanted to make a complaint, as they felt the quality of the care provided to be good.

- Systems were in place to promote, manage and respond to complaints or any concerns raised. The registered manager and provider had followed these systems to investigate and consider if any changes were required to drive through improvements.

End of life care and support:

- People were consulted to make decisions about their preferences for end of life care. Staff we spoke with told us there was opportunities to review this with people who lived at the home and relatives sensitively and where appropriate.

- Professionals had been involved as appropriate to support people at the end of their life.

- Staff understood people's needs, were aware of good practice and guidance in planning and providing end of life care. This included respect for people's religious beliefs and preferences.

# 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.

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

At our last inspection on 4 July 2017, this key question was rated 'Requires Improvement'. The provider's procedures were continuing to be developed to ensure people's experiences were used to influence and drive through improvements. At this inspection, we found the registered manager and provider had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to 'Good'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Since our last inspection improvements had been made in the oversight and governance of the service. This had been achieved by the registered manager leading their staff team by setting out their vision and values which reflected the principles of high quality standards of living and care centred around each person.
- The registered manager had developed an open culture within the home and promoted positive team working practices. People who lived in the home, relatives and staff told us they felt supported by the registered manager and could speak with her whenever they wished to. One relative told us, "I have got a good relationship with [registered manager]. She is approachable and has empathy with relatives."
- We saw the registered manager was visible within the home and showed a clear understanding of people's individual needs and preferences. For example, the registered manager was open when discussing a person's needs and acted to reduce risks to the person by adjusting staffing arrangements. This culture change showed an improvement to people's experiences as at our last inspection people did not consistently feel listened to with action taken to resolve issues.
- Systems were in place to ensure compliance with the provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- Arrangements were in place to monitor the quality of the services provided for people who lived at the home. The registered manager told us senior managers within the organisation visited regularly to provide support and monitor the quality assurance systems. This happened during our inspection as the regional director was present to provide support.
- The registered manager carried out regular quality checks of areas such as promoting people's dignity,

accidents and incidents and the management of people's health needs. Where issues were identified, actions had been taken to make improvements. Staff we spoke with told us the registered manager kept them informed of the outcomes of quality checks so they could develop and improve their practice. One staff member told us, "Staff's morale has improved. I enjoy coming to work now. What she [registered manager] said is what she's done."

- Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "We work well as a team. It is very resident focused here. [Registered manager] is very proactive in supporting us [staff]. If you have suggestions [registered manager] says she wants to hear these. Another staff member said, "We [staff] make it a happy environment for residents. It's all about making sure residents feel happy and safe."
- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who lived at the home.

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

- The registered manager, was involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received "the best care".
- People who lived at the home and relatives told us they could share their views about the home and express any ideas they had. They told us they could do this during care reviews and meetings, and during daily conversations. One person told us, "There are meetings where I can have my say. I'm quite happy with everything they [staff] support me with, I would say if not." One relative said, "With [registered manager] we have a better relationship. We go and see her with any issues and to say good things as well."
- Staff told us that they were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- The registered manager had put systems in place so people would have the support they needed These included referrals to physiotherapy to support people's physical abilities and promote their independence. The provider's programme to support staff's knowledge and skills in dementia care had been planned and was being implemented to promote people's mental health needs. The registered manager commented on this, "1066 dementia training – fantastic! Seen the benefits of how it's impacted so positively on people and their memory lane journey in other homes so over the next 12 months it's going to be very exciting."

Continuous learning and improving care:

- The registered manager used different methods so learning and improvements were continually made. For example, in response to a complaint the registered manager had reviewed people's meal experiences and purchased additional table linen, crockery and glass wear.
- The registered manager adjusted staffing arrangements and planned to further develop the opportunities of fun and interesting activities to enhance people's wellbeing.
- The registered manager told us they had a, "Real dedicated team who have worked through the troubles of the home and they are a great team. They were waiting for change and it's been positive."

Working in partnership with others:

- The registered manager worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working

collaboratively had provided staff with up to date professional guidance.

- The registered manager had also established partnership working with external agencies such as, being part of the development in partnership working with other care home managers. The registered manager commented on this, "We all face the same challenges but it's about information sharing of best practice."