

Ms Dawn Aplin

# Lataya House

## Inspection report

86 Wymington Road  
Rushden  
NN10 9LA

Tel: 01933311526

Website: WWW.LAVENDERGROUPHOMES.COM

Date of inspection visit:  
05 August 2020

Date of publication:  
22 September 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Lataya House is a residential care home providing personal and nursing care to 4 younger adults with learning disability and autism at the time of the inspection. The service can support up to 6 people in one adapted building.

Lataya House is a family sized house in a residential area, similar in appearance to the other houses in the street. It is close to local amenities and affords easy access to the community.

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

Systems in place to monitor and improve the quality of the service were not robust. The provider had not previously identified the issues we found during inspection.

Restrictive intervention was carried out by staff who were not trained to do so. Records relating to incidents of behaviour which challenged, and staff response to this were disorganised and unclear. Opportunities for improvement were missed.

Staff did not act in accordance with risk assessments in relation to water temperature. Checks to ensure the environment was safe were not up to date.

The provider had failed to set out clear PPE guidance for staff in response to the risk of transmission of coronavirus.

The provider had been set an action plan by the local authority in February 2020, however we found ongoing issues during this inspection. Staff at the service worked well directly with health and social care professionals.

Appropriate recruitment checks took place before staff started work. Permanent staff received training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the provider and manager.

Relatives were happy with the care and support they received and spoke positively about staff. People's care and support needs were met by staff who knew them and enjoyed working with them.

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; however the policies and systems in the service did not always document this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 7 August 2019).

#### Why we inspected

We received concerns in relation to the use and recording of physical intervention. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lataya House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the use of physical intervention, environmental safety and good governance at this inspection.

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

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will 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.

Details are in our Safe findings below.

**Requires Improvement** ●

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

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Lataya House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Lataya House 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.

There was not a registered manager in post at the time of inspection. A manager was in post but not yet registered. This means only the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced; however, we spoke to the manager on the phone before entering the service. This supported the home and us to manage any potential risks associated with Covid-19.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We observed staff supporting people who were unable to talk to us. We spoke with four members of staff including the manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and nine agency staff records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- Agency staff were carrying out restrictive intervention when they were not trained to do so. This was not in line with an action plan made by the local authority in February 2020, the provider's policy or people's care plans. This put people at risk of harm from improper or unnecessary intervention.
- Staff had not recognised that the use of restrictive intervention by untrained staff was a safeguarding concern.
- Risk assessments specified that staff were required to check the water temperature at every bath/shower for some people, using particular equipment to ensure water temperature was within a specified range. Staff told us this was not being done. This put people at risk of scalding.
- Water temperature checks had not been completed as part of a maintenance check since June 2020. This meant people were at risk of scalding.
- Staff did not follow national guidance to ensure they prevented the spread of infection in relation to Covid 19. Staff were unclear whether they should wear personal protective equipment. When staff were exempt from wearing a mask, the provider had not assessed the risk this posed to people using the service, and other staff.
- People using the service were regularly visiting family members away from the service. The provider had limited control measures in place to manage the risk of transmission of Covid-19 as a result of these visits. This led to people being at risk of harm through poor infection control practice.
- The provider had not ensured it had complied with that an action plan set out by the local authority in response to concerns around the use of physical intervention. Record keeping following incidents of behaviour that challenged staff was not sufficiently thorough and the appropriate action was not always taken.

The provider had 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.

The provider acted following the inspection to ensure water maintenance checks and follow up work was completed.

Using medicines safely

- Some people received medicine 'as required', for example, for pain relief. There were no protocols in place for this. This meant staff did not have clear guidance to follow to ensure this was being given safely.

- Errors in medicine recording had not been acted upon. For example, when there were discrepancies in the amounts of medicines counted during checks. This meant it was not clear whether people had been given the right amount of medicine.
- Medicines including controlled drugs were stored correctly and disposed of appropriately.

#### Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People received care from a regular group of staff. One relative told us, "The staff seem to know [person] well, they know [person's] needs."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. 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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- When appropriate, applications for DoLS applications had been submitted. However, there were no records to evidence mental capacity assessments and best interest decisions had been completed. This meant staff could not be sure they were providing care and support in line with guidance or in people's best interests.
- We saw untrained agency staff using physical intervention without using other less restrictive techniques first. This was not in line with people's care plans or current guidance on best practice.
- Staff did not clearly record their response when people's behaviour challenged them. The provider had not ensured the use of physical intervention was safe, proportionate, and appropriately monitored.
- People's needs were assessed before they started using the service to ensure staff understood their needs and preferences. One professional told us, "[Person] has settled really well and is engaging well."
- People's care plans included detailed personal profiles which guided staff on their individual preferences and how they wanted to be cared for.

Staff support: induction, training, skills and experience

- There was high use of agency staff. Agency staff did not have the appropriate training to support people effectively.

- New permanent staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles.
- Staff received regular supervision to support them in their roles. Staff told us the provider was very supportive.

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

- People were supported to make healthier life choices such as diet and exercise. One relative told us that opportunities for varied activities were limited due to coronavirus, however, "[person] has been going to the park and on lots of bike rides."
- Staff worked collaboratively across services to understand and meet people's needs. For example, when people moved to the service, staff ensured the transition was smooth as possible.
- Staff supported people to attend health appointments and worked closely with other professionals such as social workers and the community learning disability team.

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

- Staff assessed people's nutritional needs and any risks related to eating and drinking. People were supported to be involved in choosing their meals. This enabled them to eat food they enjoyed and encouraged independence.
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being.

# 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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had failed to implement effective governance systems or processes to effectively assess, monitor or drive improvement in the quality and safety of the care being provided. Systems to monitor quality assurance and audits were not robust. Records relating to incidents and physical intervention were disorganised and unclear. The manager had not identified the issues we found during inspection.
- The systems in place to monitor and respond to infection control guidance had not resulted in a safe environment where the risk of transmission of coronavirus was adequately managed.
- Records and audits of medicine administration were not thorough. This meant issues were not identified or rectified and people were at risk of not receiving their medicine safely.
- Systems and processes to record incidents of behaviour that challenged, and the action taken by staff, were unclear. There were gaps and inconsistencies in the information staff recorded. For example, one person's daily notes recorded they had displayed behaviour which had affected other people using the service. Staff had responded by 'securely moving' the person from one area of the house to another. The staff handover for that day failed to record this. This meant the provider did not have oversight of significant incidents.
- Opportunities to learn and improve were missed. For example, the staff handover book detailed an incident of physical violence towards a staff member. This had not been recorded in the person's daily notes and staff had not completed an incident form. This meant this information was not taken into account during care planning or medication reviews.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance.

Working in partnership with others

- The provider had failed to comply with an action plan set out by the local authority in February 2020 to ensure all staff were appropriately trained in the use of physical intervention.
- Staff recognised the importance of close working relationships with other professionals. However, systems were not robust enough to support this. The lack of clear information recording led to gaps in information

sharing with other professionals and missed opportunities to improve.

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

- Care plans were person centred and contained a wealth of personalised information about people. This helped staff to understand people and build good supportive relationships. One staff member told us the best thing about working at the service was 'seeing the young people reach their goals, watching them grow.' Another told us, "You get to know [people] really well, they miss you when you take time off."
- There was a high turnover of senior staff at the service, with the current manager being the fourth since July 2019. This had an impact on continuity and accountability, for example, when actions had been completed by staff who no longer worked at the service. One relative told us, "I would go to [person's] keyworker if there were any issues as she's the constant. There's been lots of changes in managers, I'm not sure who it is now."
- The manager was keen to make improvements to the service and staff told us they felt supported by the manager and senior staff team at 'head office'.

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

- People and their relatives were asked for their feedback in ways which suited their needs. Issues and suggestions were acted upon.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure care and treatment was provided in a safe way because staff did not have the appropriate training or qualifications.

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have systems and processes in place to effectively monitor and improve the service.

**The enforcement action we took:**

Warning Notice