

Ms Dawn Aplin

Lataya House

Inspection report

86 Wymington Road
Rushden
NN10 9LA

Tel: 01933311526

Website: WWW.LAVENDERGROUPHOMES.COM

Date of inspection visit:
04 July 2019

Date of publication:
06 August 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

Lataya House is a residential care home providing personal and nursing care to two people at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a detached property with a large garden in a residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People received warm, competent care and support and relatives spoke positively about staff and management.

Relatives told us people were safe and they were protected by staff who understood their responsibilities and how to keep people safe. People were protected from risks by very detailed, regularly updated risk assessments.

People had comprehensive care plans which detailed their strengths and promoted their dignity and independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people.

Safe recruitment practices were followed. There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. We observed that there was a relaxed atmosphere and people and staff had good, caring relationships.

The home was well equipped, clean and tidy and good infection control practices were being followed.

People took part in activities they enjoyed and were able to access the community. Visitors were welcomed. The home had good relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

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.

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

Rating at last inspection (and update)

This service was registered with us on 20 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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 conducted by one inspector.

Service and service type

Lataya House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A few days before our inspection, the registered manager left Lataya House. Therefore, the service did not have a manager registered with the Care Quality Commission at the time of inspection. The provider had immediately appointed an interim manager who was already registered at one of the provider's other services.

After we inspected the service applied to register the interim manager permanently at Lataya House. This means they, along with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

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 used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with six members of staff including the provider, head of business operations, interim manager, a senior care worker and two care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff completed safeguarding training during their induction and received regular refresher training.
- During supervision sessions, staff were asked to reflect on and discuss safeguarding issues specific to the people living at Lataya House. This ensured staff were up to date with the needs of the people they supported.
- The service had safeguarding and whistleblowing policies and we saw these were regularly reviewed to ensure they were in line with the current best practice.

Assessing risk, safety monitoring and management

- People's care plans contained thorough and detailed risk assessments which were regularly reviewed. These clearly set out how staff should care for and support people safely. Staff were familiar with the assessments and were able to talk confidently with us about the risks faced by the people they supported and how these were managed to keep people safe.
- Records showed that premises and equipment were well maintained and any issues were promptly reported by staff and dealt with to ensure the environment remained safe.
- People's care plans included Personal Emergency Evacuation Plans (PEEPs) to enable information to be quickly and easily shared with the emergency services such as the Fire and Rescue Service.
- Fire drills were regularly completed. Staff used Picture Exchange Communication System (PECS) cards to help people understand the fire drill and what to do to keep themselves safe in the event of a fire.

Staffing and recruitment

- Safe recruitment and selection processes were followed. Personnel 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's staffing needs were included in their care plans. Staff told us there were enough staff to meet people's needs. One staff member told us, "As a whole it works - it's a safe environment."

Using medicines safely. Learning lessons when things go wrong

- People were supported with their medicines by staff who had been trained in the safe administration of medicine.

- Staff knew what to do in the event of a medicines error. We saw that the correct procedure had been followed when errors had occurred and measures, such as spot checks, were put in place to reduce the chance of recurrence.
- Medicine was appropriately and safely stored and we saw staff had correctly completed medicine administration records.

Preventing and controlling infection

- All areas of the home were clean and free of odour, including rooms not occupied at the time of inspection. The kitchen had received a 5 star rating from the Food Standards Agency and equipment such as fridges were clearly labelled with instructions for safe use.
- Staff had completed infection control, health and safety and legionella training and we saw they used personal protective equipment such as gloves and aprons.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 needs and preferences were thoroughly assessed and recorded clearly and in detail. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- Care records were reviewed on a regular basis and any changes clearly recorded. Staff told us they were given plenty of time to familiarise themselves with people's needs and were expected to keep up to date with changes. When asked if they had enough time to learn about people using the service, one staff member said, "100% - [management] make sure you read through care plans and ask if you have any questions."

Staff support: induction, training, skills and experience

- Staff told us the induction and training they received was of good quality and enabled them to carry out their roles effectively. One staff member said, "The induction was very thorough – I did all my training before I was in the house, they wanted to make sure I learned about [people] first."
- Staff had regular supervision with the registered manager. Good records were kept and topics discussed included personal development, knowledge of the provider's policies and procedures and feedback from people who used the service. Staff told us they found supervision useful.

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

- People's needs around eating and drinking were clearly documented and people were supported to eat a balanced diet. The home had a varied menu which was planned weekly with people according to people's choices and included lots of fresh fruit and vegetables.
- People were supported to prepare and cook their own food. Staff had set up bowls of people's favourite fruit and jugs of juice for people to help themselves to throughout the day. This encouraged people to be independent and supported them to make healthy food choices.
- When people needed support to eat, staff did this sensitively and discreetly. We saw that staff had researched and bought specialist equipment to enable people to eat independently.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home. A professional told us, "[Staff] communicate well with me."

- People were supported to receive good care when they had to transfer between services. For example, each person had an 'emergency grab sheet' and a detailed hospital passport to take with them should they ever need to go there. This contained vital information including their health conditions, medicines and communication needs.

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

- The home was in a good state of repair and well equipped to meet people's needs. Communal areas were bright, comfortable and included a sensory room, an outside games room and a large pleasant garden with activities for people to enjoy.
- People's rooms were decorated according to their choices and kept as they liked them. People had many personal items such as photographs and ornaments on display.

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.

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

- We saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them.
- Care plans included consent forms for a range of areas including personal care and sharing information with other agencies. We saw evidence that staff had consulted with relatives and other professionals involved in people's care to ensure that all decisions were made in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw that people were cared for by staff who were calm, gentle and skilled, for example being aware of their body language and behaviour cues, and recognising that they needed additional support and reassurance.
- Staff enjoyed working at Lataya House and spoke fondly about the people who used the service. Without exception, every staff member told us the best thing about working at the service was working with the people who lived there. One staff member said, "100% I do this job to help them."
- Relatives spoke positively about the care and support people received. We were told, "There's nothing I'd really change" and "It's brilliant, I can't fault the place, it's unbelievable, the way they care for my [relative]."

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

- People, and their relatives when appropriate, were supported to express their views about their care. This was done during key worker sessions and care plan reviews using appropriate communication for each person. We could see that outcomes from these discussions were positive and appropriate action taken, such as planning menus and activities based on people's feedback.
- Where people were unable to advocate for themselves staff supported them to access advocacy services. An advocate is someone who can offer support for people to make decisions and have their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop and achieve. Each person had an allocated key worker and together they identified clear realistic goals to work towards. Progress was clearly recorded on personal development trackers and achievements were celebrated. For example, one person had been supported to develop their independent living skills by being responsible for their money when out shopping. Their chosen celebration was a trip to a local restaurant. Their next goal was a day trip out and we saw they were on track to achieve this.
- People's privacy and dignity was promoted in the home. Care plans included clear reminders for staff on how to enter people's rooms to maximise their dignity and to give choice and freedom about everyday routines, such as what time to get up and go to bed. One staff member told us, "Privacy and dignity is a big thing. We expect staff to show [people] respect."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and highly personalised. They were regularly reviewed and changes made as appropriate. They included information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They also included information about their health needs and the care people required to manage their long-term health conditions.
- Staff were very aware of the way people's conditions affected their behaviour and were responsive to this. The provider was researching intensive interaction course for staff to better support people who exhibited behaviour which challenged.
- Daily records were kept and reviewed regularly by the management team. There were handovers between shifts to ensure that all staff were up to date with people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. For example, PECs cards were used widely to help people make choices. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described. We saw staff comfortably using different approaches and communication methods with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with people who were important to them and access the community. Relatives told us they were always welcomed to the home.
- Memory books were created with people containing photos and mementos from trips and special occasions to share with family and friends, and to take with them if they changed services. We saw people had been on fun and educational trips, and also evidence that they were supported to develop independent living skills such as household tasks and using public transport.
- A wide range of activities were planned to suit people's choices and people were encouraged to take part in activities spontaneously. For example, going to the park on the way home from a shopping trip.

Improving care quality in response to complaints or concerns

- People were provided with information on how to make complaints when they first started using the

service, and this message was reinforced in special keyworker sessions.

- The service had a complaints policy which set out how complaints should be recorded, investigated and learned from. We saw there had been no complaints recorded since the service was registered. Complaints log books had been separately audited by staff and an independent auditor.
- Relatives told us they knew who to speak to if they had any concerns, and they were confident these would be dealt with appropriately.

End of life care and support

- The service provided care and support for young adults with learning disabilities. At the time of inspection the service was not supporting anyone in end of life care. The provider told us if it was required they would provide this in line with people's wishes and needs, and would ensure staff completed appropriate training to support this.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's outcomes were good. Staff supported people to set and achieve goals, and ensured people were encouraged by their achievements. A relative described how their loved one needed less specialist equipment than at a previous service 'because they're looking after [person] so well'.
- The home had a positive person-centred culture. All staff told us there was a strong feeling of teamwork and that the good relationship and communication between staff created a happy atmosphere for people and allowed their needs to be met.
- We found an open and transparent culture, where new ideas were encouraged. Managers and staff were committed to further improving the service for the benefit of people using it. One staff member told us they had asked for time planned into their rota to manage paperwork so that the rest of their time could be spent focussing on people using the service. This had been immediately arranged by the head of business operations.

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 information sharing requirements. Records showed information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- Managers and staff were clear about their roles and responsibilities. Staff felt supported by the provider and senior management team. The provider arranged joint working between their services so staff were familiar with other registered managers and felt able to approach them for support. A staff member told us, "I have no concerns about [previous registered manager] leaving, [head of business operations] is always so supportive, nothing is too much trouble. We are very well supported."
- There were systems in place to monitor the quality of the service and appropriate action was taken to improve the service when required. Checks included auditing of daily records, internal medications audits, external medications inspections, health and safety inspections and an independent monthly audit of the whole service.
- Staff understood their roles and responsibilities. The home's policies and procedures were up to date and regularly discussed by staff and managers. Staff felt confident to whistle blow and report poor practice

should they need to and there were clear systems in place for them to do so.

- Relatives told us they knew how to speak with staff in the office and felt confident they would help with any issues.

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

- The home regularly sought feedback from people and their relatives in ways which suited their needs for example through a visitor's book, suggestion box, questionnaires and during one to one time. Feedback was reviewed and action taken to improve the service. For example, after a 'you said, we did' session with people, a specific activity was arranged.
- Staff requested feedback from professionals such as social workers, nurses and education providers. Action was taken in response to this, for example, weekly email updates were arranged for one professional who requested additional contact with the service.

Working in partnership with others. Continuous learning and improving care

- The provider recognised the importance of keeping up to date with techniques and systems to support people to achieve good outcomes. Staff were being trained to deliver ASDAN (Award Scheme Development and Accreditation Network) training, a nationally recognised programme to help people develop knowledge and skills.
- Staff valued learning and told us when they had requested further training this had been arranged. We saw a compliment from a trainer who wrote that they were impressed with how well staff had engaged during a course on conflict resolution.
- The service worked with other professionals including specialist nurses, social workers and GPs to ensure continuity of care and good outcomes for people. Staff and a professional both told us about the positive mutual relationship they have and the way this benefits people using the service.
- People's weekly planners contained details of upcoming appointments and reviews to ensure that their physical and mental health needs were met. People were supported to attend education and community activities.