

## Barchester Healthcare Homes Limited

# Latimer Court

### Inspection report

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12 May 2016

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 10 and 12 May 2016 and was unannounced.

The home provides accommodation for a maximum of 80 people requiring personal care. There were 54 people living at the home when we visited. A manager was in post when we inspected the service and who had applied to become the registered manager of the home. 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.

People told us they felt safe at the home and that they received care and support when they required it. Whilst staff understood how to keep people safe and recorded any concerns they had appropriately, senior staff did not always escalate concerns.

People had access to support from staff when they required it. However, staff did not feel there was sufficient staffing.

People received their medications as directed and staff administering medicines knew the people they were supporting and how they required their medication. Medicines were stored and disposed of appropriately.

Staff received training that helped them to understand how to care for people.

People's consent was obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law. Staff understood how people were affected and people and their families were involved in the decision making process.

People liked the staff and felt that staff understood their needs because the same staff regularly supported them. Staff included them in decisions about their care and explained what they were doing when supporting them.

People were treated with kindness, dignity and respect. Staff training had been updated and regular checks were made to ensure staff continued to care for people appropriately.

People's individual preferences were known to staff and these had been recorded. People were supported to participate in activities. People's care was updated in response to their changing care needs.

People and their families understood they could complain. When people had shared their concerns, these had been listened to and responded to. Complaints were logged onto the registered provider's online system and responded to in line with their policy.

A permanent manager had been appointed to manage the home and several interim managers had also covered the vacancy. Whilst staff noted there had been improvements to the support and direction they received, staff did not always feel valued. Mistakes by staff in how some incidents had been handled were also noted whilst interim governance arrangements were in place.

Although governance arrangements had been improved, it was not yet possible to say how effective they were. As the manager had only been at the home a short time, we could not test how the manager understood and implemented the registered provider's systems for monitoring and managing people's care.

Following the last inspection the service was rated as inadequate and placed in to special measures. At this inspection the service had demonstrated improvements and is no longer rated as inadequate in any of the five key questions, therefore it is no longer in 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?

**Requires Improvement** ●

The service was not consistently safe.

Staff did not always share concerns about people with the manager although they understood how people should be protected from harm. Staff did not feel that there were enough staff working at the home. People felt safe at the home and received their medications as directed.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training and this helped them to understand and respond to people's individual care needs. Staff ensured people's consent was obtained and that people received the appropriate help when needed. People were offered choices around their meals and given support were required.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for by staff they were familiar with. People were supported by staff they liked and who involved them in day to day decisions about their care. People were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care was individual to their needs and staff understood people's preferences. People's care was reviewed and updated regularly.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

People were not yet benefitting from consistent leadership at the home because a permanent manager had only just started at the

home.

Staff caring for people did not always feel valued and involved with everything at the home. The registered provider had improved systems at the home so that people received the care they needed. However, more time was needed to ensure the systems worked and that people benefitted.

# 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 10 and 12 May 2016 and was unannounced. There were two Inspectors in the team and one Specialist Advisor who was a registered nurse.

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 seven people living at the service. We also spoke with six relatives, six staff, and the manager. We also spoke with the Care Lead, Clinical Lead, two managers from the registered provider's other homes, a Clinical Development Nurse, a Regional Director and a Compliance Manager.

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 folder, recruitments processes as well as monthly checks the management team completed. We also looked at broader governance structures the registered provider had in place. We reviewed minutes of staff meetings and meetings with people and their relatives.

# Is the service safe?

## Our findings

During the previous inspection on 23 and 24 November 2015 we found that the provider was not meeting the law. We took enforcement action and issued the provider with a Warning Notice because the provider did not have effective staffing arrangements in place. The provider sent us an action plan to say how these matters would be addressed. At this inspection, we found that there had been a number of improvements but there were some areas that the provider still needed to improve upon.

Staff told us they had received training on Safeguarding people. Whilst staff we spoke with understood the importance of ensuring people were protected from harm, senior staff did not always escalate concerns they had appropriately. When reviewing accident and incident forms, we saw one person had had bruising that could not be explained. The senior care worker leading the shift had correctly recorded and documented their concerns. However, we could not be assured that any action was taken as a result of the information and that the system for escalating concerns was robust. Whilst there was nothing to suggest the bruising had been caused deliberately, the concerns should have been discussed with the manager and the appropriate referrals made if necessary. When we checked with the manager, she told us the registered provider's policy was to discuss information with the manager and make the appropriate notifications if needed. The manager told us that staff would be reminded of the process for recording concerns and this may have occurred whilst there was a transition in the management arrangements.

People told us they felt safe living at the home. One person told us, "Yes I feel safe, its makes a big difference to how you feel". People told us they did not have any concerns about the way care staff treated them. Relatives we spoke with told us their family members were safe. One relative told us, "Yes my mum is fine here." We saw people felt comfortable and relaxed around care staff.

People we spoke with told us they had access to staff when they required support. One person told us, "When you press the call bell at night, someone does answer it." Three relatives we spoke with also told us staffing had improved and that they were now more confident in being able access staff help when they needed. One relative told us, "There's been a big improvement since before Christmas."

We saw people were able to access help from staff when they required support. For example, over lunch people that needed support to have their meal received this and within a reasonable amount of time. We also heard call bells being answered promptly and where tasks required more than one member of staff, we saw this was happening. We also saw that there was a staff member within close proximity in communal areas, should people require help.

Whilst we saw people received support when needed and people confirmed this to us, staff responses about staffing levels were mixed and inconsistent. Staff responded positively to there being less reliance on agency staff and more consistent team but still felt there were not sufficient staff. One staff member told us, "Staffing is better because we don't use as much agency as we did before." Another staff member told us staffing was better because staff had a better understanding of individual care needs and it was easier to work as a team. During our inspection people told us they received the support that they needed and our

observations supported this. However, three staff we spoke with felt there were still shortages in staff. One staff member told us there was "Definitely not enough." Another staff member told us, "We are rushed; it always seems a bit of a rush in the mornings."

When we raised this with the manager of the home, the manager confirmed agency staff had been reduced drastically. We checked with the management team about how staffing levels were assessed. A dependency tool was used and was based on people's up to date assessed care needs. We saw that this had been updated and audited to ensure it was up to date. The manager told us they were meeting with staff to understand their concerns better and to reassure staff. We agreed to leave the matter with the manager so that they could discuss it further with staff.

Care staff were knowledgeable about the people they were supporting and knew about individual risks to their health. We saw staff ensure that people had access to the equipment they may need such as walking frames and pressure relieving cushions. Staff we spoke with understood which people required support to move. We saw people being supported to move from wheelchairs to another chair using specialist moving equipment. Staff understood what they were doing and were able to transfer people safely. We also saw that in three care records we reviewed, risk assessments had been completed for people and these had been reviewed periodically and action taken where needed.

Staff that working at the service explained how they completed pre-employment checks before they commenced work at the service. Staff told us they completed Disclosure and Barring Service (DBS) checks to ensure relevant background checks were completed to understand the suitability of the people to work there. We reviewed two staff files that confirmed appropriate pre-employment checks had been made.

During the inspection we reviewed how people's medications were managed. Since our last inspection, a clinical lead had been appointed together with a Clinical Development Nurse that visited the home regularly. We saw that people received the medicines as they should. One person told us that they required medicines at specific times with regular intervals and that they received these on time. Another person told us, "Medicines. I get them on time 100%." A relative we spoke with told us whilst they had previously worried about their relative, they were now assured by the improvements. We reviewed people's records to understand how people received their medicines.

We saw that people's medicine records were kept to date and that regular checks were made of the records to ensure staff completed these accurately. Staff we spoke with were knowledgeable about the people they cared for. Staff understood people's medicines and any individual requirements people had. We observed how staff supported people with their medicines and observed a medication round. Suitable arrangements were in place to ensure people's medicines were stored and disposed of correctly.



# Is the service effective?

## Our findings

People told us they had gained confidence in the staff supporting them. One relative said staff were "Very good" because they understood their family members behaviour and knew what to do to soothe the person and reduce their anxiety. Another relative told us that care staff responded well to their family members care needs because they had had "no real problems here."

Staff we spoke with told us they received training and were supported to attend courses and this helped empower them to care for people. Staff we spoke with said they had all attended a Dementia awareness course and this had helped them to understand what they needed to support people. Staff explained to us the importance of some of the techniques they used to calm and reassure people. Two other staff we spoke with told us they had updated their manual handling training. Staff we spoke with said they had received updated training since the last inspection. The manager also told us that a training manager had been recruited and would be increasing staff access to training and development.

New staff that joined the service told us they undertook a probationary period within which they completed a mixture of shadowing senior staff as well as training so that they could understand how to support people. We asked staff about how on a day to day basis they learnt about people's needs. Staff we spoke with also said they learnt about changing care needs for a person through daily handover meetings led by the clinical lead. Three staff we spoke with told us they valued this information because it enabled them to understand when a person's care needed amending.

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 checked whether the service was working within the principles of the MCA. Staff we spoke with understood the importance of where possible allowing people to make decisions for themselves. Staff knew why a person's consent was needed before they supported them. Staff told us they understood what best interests decisions were and understood that if they were unsure of anything to seek further support. The staff we spoke with had an understanding of the MCA and what this meant for people. We also saw where best interests decisions had been made, a record had been made of the discussion, the people involved, and the outcome. We saw that people's families, social workers and other relevant people were included in discussions about their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was following the requirements in the DoLS. DoL applications had been submitted and further

confirmation from the local authority was being awaited for where relevant. The manager understood the process and understood how further support could be accessed. Staff we spoke with knew where a DoL had been applied for, and understood how this affected how they supported the person.

People told us they liked the meals they were offered and that the mealtimes were a pleasant experience. One person said, "I don't mind living here. The food is good and there's variety and choice." Another person told us, "They will make you a sandwich if you don't like the meal." We saw people were offered a choice of meals and where people had difficulty selecting their meal; they were shown two plates to pick from. We saw that staff understood people's dietary needs and people that required softened or high calorie food received this. Staff had access to care plans that detailed why people were in need of a special diet and how often this was being reviewed by senior staff. People that required support received this. People were allowed to dictate the pace of the meal and staff responded to this. We saw that people were offered drinks and snacks throughout the day.

People told us they received help from other external healthcare professionals if they required it. One relative told us their family member regularly saw the GP. Another relative confirmed their family member had visited the dentist. Staff we spoke with understood people's care needs and knew which people required additional support. The clinical lead told us improvements had been made to the way referrals were made to the GP and that this had improved the relationship with the GP. One relative we spoke with told us staff understood their family member's health needs and felt included in discussions so that their family member could receive the most appropriate care.

# Is the service caring?

## Our findings

During the previous inspection on 23 and 24 November 2015 we found that the provider was not meeting the law with respect to ensuring people were treated with dignity and respect. The provider sent us an action plan to say how these matters would be addressed. At this inspection, we found that improvements had been made.

People we spoke with told us that care at the service had improved since our last inspection. They told us they know knew staff and that staff knew them and understood how to care for them. One person we spoke with told us, "The staff are wonderful." Another person told us, "The staff are super." A further person told us, "The staff are absolutely great".

People told us they were helped by staff who supported them regularly and who they got to know. People told us this helped with their care because they felt staff understood their needs. We saw one staff member understood how people preferred to be addressed, whether this was by their name or by another title of their preference. People were comfortable around staff. People smiled at staff and felt at ease. We saw staff bend down and speak closely to people who may have difficulty hearing or seeing them. On other occasions we saw staff join in with people and exchange friendly chatter. At our last inspection we had found that staff were often too busy with tasks and did not always engage or acknowledge staff. We saw that there was a positive difference in how staff approached people and that this was consistent.

People told us they were involved in their care in a number of different ways. When we asked people about how staff involved them, they told us staff always discussed with them what they were about to do. For example, one person was moved from one unit to another and they were involved in that discussion about their care. We saw people being asked where they wanted to sit, whether they preferred to sit in the lounge or in their room. We also saw care staff asking people whether they were ok or needed anything further.

People told us staff treated them with dignity and respect when supporting them. One person we asked said, "Oh yes". We also saw that where people required support with some of their personal care, this was done sensitively and tactfully. Staff offered to support people discreetly. For example, one person was not sure if they required the bathroom and staff were seen asking the person a number of times whether they required support. When the person eventually decided, they supported the person immediately.

Staff told us they understood what caring for someone with dignity and respect meant. Staff could explain to us how this impacted people. One staff member told us treating people with dignity meant "Treating someone like how you would want to be treated." The manager told us since our last inspection, a great deal of training had been put in place to improve staff practice and ensuring they had a better understanding of what this meant for people. We saw staff demonstrate their understanding of caring for people with dignity and respect in a number of ways. For example, we saw staff acknowledge people and stop and chat. Staff did not disturb people's perception of their surrounding as some people lived with dementia and did not always understand their surroundings. One staff member told us the dementia course had really helped their understanding of people's needs and allowing them to empathise with

people. They told us they had changed how they viewed people living with Dementia as a consequence. Staff we spoke with also confirmed they received feedback on how they cared for people to ensure people were treated respectfully. They received feedback from the Clinical Development Nurse who visited the home regularly to ensure staff practices were safe and appropriate.

Relatives told us they chose to visit as often as they liked and were able to call the home to check on their relatives. Five relatives we spoke with confirmed they were able to visit at any time they liked. We saw a number of relatives drop by the home to visit their relatives at different periods of the day. People sat wherever they chose to within the building and were able to enjoy privacy if they required it.

## Is the service responsive?

### Our findings

During the previous inspection on 23 and 24 November 2015 we found that the provider was not meeting the law. The provider did not ensure that people received person centred care nor did they have effective arrangements in place for responding to people's complaints. The provider sent us an action plan to say how these matters would be addressed. At this inspection, we found that improvements had been made.

People we spoke with told us they discussed their care needs with staff at the home. Two relatives we spoke with told us they met with care staff before their family member moved to the home. They told us they shared with staff their family member's preferences and things that were important to their family member that they wanted staff to be aware of. For example one relative told us their family member was reserved and did not always like to socialise. They told us, "Staff have learnt to work around my mum because she is very quiet."

People we spoke with told us they were supported to pursue interests they had. One person told us they played bingo on Saturdays whilst another told us they regularly went out in the home's minibus on trips. Another person told us they enjoyed flower arranging and attended the sessions. People we spoke with told us they were able to do things that were important to them, when they chose to such as having a bath. One relative we spoke with told us that despite their family member having limited speech and sight, staff sat with them and tried to engage with them using sensory therapy. Three relatives we spoke with told that since staffing had become more stable, staff were able to respond to people better because they understood them. For example, one relative told us their family member could become upset but that staff knew to sit with them and reassure them and that this then calmed the person down. Another example we saw was when a person had shown no interest in their meal another staff member intervened and said the person had a sweet tooth and tended to enjoy a larger pudding and this was provided.

Three relatives we spoke with told us staff understood their family members' care needs and had been kept up to date. One relative said their family member had been unwell and their health was deteriorating. The relative told us they were working with staff to plan the best care for their family member. Another relative told us their family member had moved to the home from another service and staff got to know them and understand what they needed. As their condition had progressed they had obtained the right equipment and provided the care the person needed.

People we spoke with understood how they could complain and understood the complaints process. Two people we spoke with told us whilst they had not raised a complaint they had raised concerns about agency staff they had not liked and who they preferred not to receive care from. They told us that both of the staff had not returned to the home to work since raising their concerns. We reviewed the complaints handling process and saw that complaints were documented and investigated with a response to the person complaining. We also saw that complaints were shared with the registered provider to review and analyse so that they would become aware of any issues at the home.

## Is the service well-led?

### Our findings

During the previous inspection on 23 and 24 November 2015 we found that the provider was not meeting the law. We took enforcement action and issued the provider with a Warning Notice because the provider did not have effective governance arrangements in place. The provider sent us an action plan to say how these matters would be addressed. At this inspection, we found that there had been a number of improvements but there were some areas that the provider still needed to improve upon.

The manager of the home had been working at the home for a short time and had applied to become the registered manager. People were slowly becoming aware of who the new manager was through a series of meetings the manager was having both with people and their relatives.

Staff we spoke with spoke positively about having a more permanent manager in place and that they hoped this would bring stability following a period of approximately nine months without a permanent manager. In the interim staff had access to support from a clinical lead. One staff member told us, the service had "moved on a lot since the last inspection." Staff we spoke with said since having the clinical lead at the home, communication had improved and staff were given more direction. One staff member told us, things were "Much better, the nurse tells us what we need to know." Staff however said morale at the service had been affected by recent negative press reports. One staff member told us "Morale is not amazing but is getting better." Other staff members we spoke with felt communication was not comprehensive and they felt they were not part of the process. One staff member told us, "Haven't had much to do with them (management), we are not informed or involved with anything." Another staff member told us about the management "Don't seem supportive." When we fed this back to the management team, they acknowledged that the recent months had been difficult for staff but that the new manager would be meeting with staff more regularly and that as a more permanent structure was put into place, it would be easier for information to flow to teams.

We noted during our inspection that whilst improvements had been made in a number of areas of the home, staff did not always feel their contribution had been valued. Staff we spoke with felt they were under pressure and attributed this pressure to staffing levels. Staff also felt they worked tirelessly but this was not recognised by management who they did not feel connected to. A number of interim managers had led the home in the recent months. Staff told us that each manager had had a varying management and communication style. This had left staff at times unclear and confused. For example, a senior care staff member did not escalate concerns about a person's wellbeing when they were made aware of information that should have been discussed.

Communication from the senior leaders within the home meant that people were not always aware of changes. Recently, the management team decided to close a unit for refurbishment. Whilst they had consulted with the people who were moving, they had not consulted with the people on the other unit. As a result some people were unhappy with the decisions made and expressed their displeasure. Some had been through direct complaints whilst others had been through contacting external agencies such as the Care Quality Commission. The registered provider had responded to these complaints and arranged further

opportunities to meet with relatives and discuss the concerns raised. Whilst the management team acknowledged mistakes had been made in communicating information to relatives, they also stated that they had learnt from the feedback given and were looking to improve dialogue with relatives so that information was more frequent and on-going.

People's care was being reviewed through a number of ways to ensure people received the care they expected. The 'Resident of the day' ensured each person's care was completely reviewed. Resident of the day means that each day one person's care needs are examined to ensure the person's experience of care is up to date. We saw that three care files we examined had been thoroughly reviewed and updated with the most up to date information. A number of external audits of people's care had also been introduced. An external clinical audit ensured that information was reviewed and the necessary action taken. Staff we spoke with told us they benefitted from this support because it allowed them to understand where improvements were needed and what could continue as it was. The clinical lead at the home said this had helped to embed better systems at the home.

The manager told us they were being supported to get to know the home and the registered providers systems by buddying with a manager from one of the registered providers other homes. They had also attended an intensive induction course to familiarise themselves with the senior management team and what was expected of them. The registered provider was also undertaking their own audits of the home to check that the quality of care being delivered was consistent with their systems. Feedback was given to individual staff and senior staff within the home to ensure actions could be recorded and completed. We reviewed the audits that were completed and saw that actions were highlighted for staff to complete and once the actions were completed these were removed.