

Barchester Healthcare Homes Limited

Latimer Court

Inspection report

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Date of inspection visit:
15 July 2021
16 July 2021

Date of publication:
02 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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. The home's purpose-built environment is divided into four communities: Avalon, Grosvenor, Woodbury and Beaufort. At the time of the inspection 59 people were living at the home, some of whom are living with dementia.

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

People had not been supported to safely take the medicines they were prescribed. Some people had not received their medicines and a staff member had not completed accurate records. Other staff had not identified and or escalated to the management team, the incomplete records and or the possibility some people had not been supported to take their medicines as prescribed.

We highlighted staff were not consistently completing in full the charts to reflect their administration of medicine via patches. There was no record of daily checks to confirm people's pain medicine patches remained in place. The management took action during this inspection to address this.

The risks to people had been assessed and reviewed, and plans were in place designed to manage these. Staff were knowledgeable about people's care and health needs, but staff were not consistent in recording the assistance provided when supporting people to reposition.

The provider and management team had quality assurance systems and monitoring processes which needed to be further strengthened.

People's relatives believed the care provided to be safe and appropriate to meet their family members care and support needs.

People's safety was protected from abuse by staff who knew what procedures to follow to keep people safe from harm. Staffing arrangements were reviewed to promote people's safety and individual needs. Systems for the safe recruitment of staff were robust.

Staff were provided with, and made use of, personal protective equipment to reduce the risk of cross-infection. Accidents and incidents involving people were monitored by the management team to learn from these and reduce risks.

Staff supported people to make their own choices and decisions in how they were supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team recognised their responsibility to inform people and relevant others if something

went wrong with the care provided. They also sought to engage effectively with people, their relatives and staff through, for example, meetings with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. Last report published (8 March 2019).

Why we inspected

We received concerns in relation to staffing and management. As a result, we undertook a focused inspection to review the key questions of safe 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 looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Latimer Court on our website at 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 a breach in relation to Regulation 12 (safe care and treatment) at this inspection. Please see the action we have told the provider to take at the end of this report.

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor in nursing. One inspector and specialist advisor visited the home. One inspector gathered information from the management team via telephone conversations and email. Additionally, the inspector spoke with staff and relatives over the telephone.

Service and service type

Latimer Court 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.

The service did not have a manager registered with the Care Quality Commission [CQC]. A manager had been appointed and their application to become registered with CQC was progressing. The registered manager 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

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 also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 this information to plan our inspection.

During the inspection

During our on-site visit to the home, we spoke with three people who lived at the home. We spent time seeing how people were 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 also spoke with the home manager, deputy manager, clinical lead, regional director and members of both nursing and care staff on shift. We looked at four people's care records including associated charts where these were required and multiple medicine records. We looked at a sample of records relating to the management of the service, policies and procedures and a sample of completed audits and checks.

Our off-site work consisted of talking with four people's relatives and four staff who worked night shifts. We also had conversations with the manager and regional director.

After the inspection

We continued to seek clarification from the manager and regional director to validate evidence found. This included looking at additional documentation we had requested.

We provided further feedback, in addition to that given on each day of the inspection visits, to the manager, regional director and director of regulation and quality improvement. This took place on Thursday 29 July 2021 using electronic technology.

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.

Using medicines safely

- We found staff practices did not support eight people to receive their prescribed medicines safely. The inspection team identified there was insufficient evidence to show eight people had received their medicines as prescribed on the evening of 13 July 2021. Medicine administration records documented conflicting information including a person was "asleep" and at the same time the person "refused" medicines. For another person there was no record of them having been offered the medicine as the record was "blank."
- There was no evidence to show other staff had identified eight people had not received their medicines on 13 July 2021 when checking the medication administration records. This meant staff had not escalated to the management team people had not received their medicines as prescribed.

We found no evidence people had been harmed however, this medicine practice placed people at 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 manager and regional director responded immediately during and after the inspection. This included reporting people had not received their prescribed medicines under local safeguarding procedures to the local authority and advising people's GP of this.
- Some people received their medicines via a patch. We highlighted staff were not consistently completing the charts for two people to show the location and frequency of when and where to apply the patch pain medicine. In addition, the removal of the patches. This is important to show people's medicine had been administered as prescribed in a safe way.
- There was no record of daily checks to confirm people's medicines via a patch remained in place. Daily checks are important as patches are prone to falling off or accidentally being removed by people. This increased the risk people could experience unnecessary pain.
- As a result to the feedback we provided, the management team took action to ensure all staff consistently completed the documentation in relation to medicine patches to support people receiving this type of medicine safely.
- A nurse was seen to support people in taking their medicines in a safe and caring way.
- Detailed guidance was available to inform staff when they should give 'as required' medicine in line with national guidance for these medicines. Guidance is important to ensure these medicines are administered consistently and as prescribed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives told us staff knew their family members well and kept them safe. A relative told us, "The carers (care staff) and nurses seem excellent in how they help [family member] to keep safe and [family member] looks well cared for." Another relative said their family member was, "More settled and less agitated due to the support of staff. Really lovely staff and feel confident with their knowledge about [family member]."
- Staff understood and applied their knowledge to their work where people required support to reduce the risk of harm. All risk assessments included evidence of risk planning and review.
- Charts monitored areas of people's health. Details were given on signs to observe for and when additional support was required. For example, in relation to fluid intake or health conditions. We did highlight where staff assisted two people's bed positioning this had not been consistently recorded. The management team gave assurances action would be taken to make sure all staff were consistent in recording their practices when assisting people's bed positioning.
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises safely, in the event of an emergency.
- Checks on 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.
- The provider maintained records of falls and injuries at the home, so that a review and analysis of these events could take place and lessons could be learnt.

Staffing and recruitment

- Staff held varied views about staffing arrangements with some staff stating there were enough staff on each shift and other staff stating more staff were required.
- The staffing rotas showed staffing arrangements was kept at the level deemed safe by the provider with the management team reviewing staffing. When there were shortfalls in staff due to unplanned absences the management team took action which included obtaining agency staff.
- The manager and regional director gave us their assurances staffing arrangements met people's diverse healthcare needs. During the inspection, we found the staffing arrangements supported staff to safely meet people's care and support needs.
- Staff recruitment was ongoing and where staff had been recruited this was completed safely. New members of staff were subject to pre-employment checks to ensure they were suitable to work with people who lived at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and respond to concerns of abuse and told us what actions they took to keep people safe from harm.
- Staff had undertaken safeguarding training and there were safeguarding policies in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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; Continuous learning and improving care

- The provider and management team had quality assurance systems and processes in place designed to enable them to monitor and drive improvement in the safety and quality of people's care.
- However, management systems required further development, so the manager could be assured staff consistently completed records to show people had received their medicine via patches as prescribed.
- In addition, the checking of medicine administration and escalation procedures to bring concerns to the manager required strengthening. We did not find any impact on people and action was taken to address these issues.
- There was no registered manager in place at the time of our inspection. A manager had been appointed and their application to become registered with the Care Quality Commission [CQC] was progressing.
- The manager and regional director welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.
- The management team understood the regulatory requirements upon the service, including the need to notify CQC of certain incidents affecting the home or the people living there.
- Staff understood their roles and responsibilities. Since coming into post the manager had ensured meetings were held with staff and information was shared on risks across the staff team to ensure consistent communication of expectations was provided.

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

- Relatives we spoke with knew who the manager was and felt their family members care was well managed. "A relative told us, "They [manager] has been helpful. [Family member] is well looked after here."
- Some staff felt there was low morale in the staff team, and this had been impacted on because of the changes in relation to home manager and some staff feeling more staff were needed.
- Aside from some staff feeling more staff were needed, staff told us they enjoyed providing people's care. Staff commented on the sense of teamwork amongst the staff team. A staff member told us, "I really enjoy my job" and "[The deputy manager] is very approachable and supportive." Another staff member told us, "We are getting there, [The] manager is very receptive, listens to ideas and thanks the staff, that is really helping."
- The manager was keen to work alongside the staff team and improve staff morale by promoting team working. For example, the manager was planning a team building day and the provider had an employee of

the month scheme to support good practice.

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; Working in partnership with others

- The management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care. This happened when we identified some people had not received their medicines.
- The manager was aware of the provider's responsibility to ensure the Care Quality Commission (CQC) were notified of certain events which had occurred at the home.
- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- A social care professional on reviewing a person's care found both the person and relative were happy with the care and support provided by staff.

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

- Relatives told us they felt the manager had involved and supported them in the care of their family member. A relative told us they found the manager very knowledgeable about dementia care which made them feel reassured and supported. Another relative said the management and staff had taken action to make sure their family members needs were supported in the right way for them. The relative told us this gave them, "Peace of mind" there family member was safe and well cared for.
- Relatives said they were able to visit their family members, in line with current guidelines, enabling people and their families to reconnect.
- The manager was keen to establish good relationships with relatives so they could work in partnership to ensure people received safe and effective care and that decisions were made in people's best interests.
- Staff provided examples to reflect the action taken to meet people's individual styles of communication, sensory needs, emotional and mental health needs. During the inspection staff were supporting people with fun and interesting things to do. This included entertainment from a person who sang.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not supported to take the medicines they were prescribed.