Care Quality Commission

Latimer Grange Limited

Latimer Grange

Inspection report

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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

Overall summary

This unannounced inspection took place over two days on the 18 and 19 December 2014. Latimer Grange provides accommodation for up to 27 older persons who require nursing or personal care. There were 22 people in residence during this inspection, some of whom had dementia care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated regulations about how the service is run.

People were cared for by trained staff that were able to meet people's needs safely. People's rights were protected. Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

People were protected from the risks associated with the recruitment of new staff by robust recruitment systems, staff training and adequate staffing levels.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People had individualised care plans in place and their healthcare needs were regularly monitored, and

Summary of findings

assistance was sought from the relevant professionals so that they were supported to maintain their health and wellbeing. People were encouraged to be involved in the development and review of their care plan.

People received support from staff that were able to demonstrate that they understood what was required of them to provide people with the care they needed. Staff were caring, friendly, and attentive. People were treated with dignity and their right to make choices was upheld.

People's healthcare needs were met and they had enough to eat and drink. People enjoyed their food and there was variety of meals to suit people's tastes and nutritional needs. People were supported to maintain a balanced and varied diet.

People who used the service had access to a wide range of community based health professionals. Suitable arrangements were in place for the safe storage management and disposal of medicines.

There were activities to keep people entertained and constructively occupied if they chose to participate in them.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

People knew how to raise concerns and complaints. Complaints and allegations were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were cared for by suitable staff that had been appropriately recruited and trained.

Risks had been assessed and acted upon to prevent unsafe care.

Good

Is the service effective?
The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People enjoyed their food, had enough to eat and drink, and received the care and support they needed.

People received care and support from staff that were appropriately supervised and knew their job.

Good

Is the service caring?
The service was caring.

Staff were kind, considerate and treated people in a dignified manner.

People, or their representatives, were involved in making decisions about their care.

People's privacy was respected. Staff respected people's individuality, and acted upon their likes and dislikes with regard to the way they preferred their care to be provided.

Good

Is the service responsive?
The service was responsive.

People's needs were appropriately assessed and regularly reviewed.

People's care was individualised and their preferences were catered for as far as was practicable.

People knew how to complain and were assured that they would be listened to. People were able to raise complaints and concerns and staff understood the importance of listening to people

Appropriate and timely action was taken to resolve people's complaints.

Good

Is the service well-led?
A registered manager was in post.

People received care from staff that had the managerial support they needed to do their job.

People had opportunities to give their views about the service and there were appropriate systems in place to monitor quality and safety.

Good

Latimer Grange

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 unannounced inspection was carried out by an inspector and took place over two days on the 18 and 19 December 2014.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We undertook general observations in the communal areas of the home, including interactions between care staff and people. We viewed four bedrooms with people's agreement. We also took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with nine persons who used the service, as well as two people who were visiting relatives in the home. We looked at the care records of nine people who used the service. We also spoke with six care staff individually in addition to the registered manager. We looked at six records in relation to staff recruitment, induction and training, as well as management records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

When we inspected the home on 10 April 2014 we required the provider to take proper steps to ensure staff were always qualified, skilled and experienced to provide care. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 that we judged had a minor impact on people. The provider took timely action to improve this area of care.

When we inspected the home on 10 April 2014 we required the provider to take proper steps to ensure that the systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others were effective and kept people safe. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 that we judged had a minor impact on people. The provider took timely action to improve this area of care.

When we inspected on 18 and 19 December 2014 we saw there were sufficient numbers of experienced and qualified staff on duty to provide people with safe care. In addition to care staff an activities organiser, a maintenance person, secretary, and domestic staff were employed at the home. The registered manager kept staff rotas up-to-date to reflect changes caused by staff absences and the contingency measures taken to ensure that shifts were appropriately staffed. A visitor said, "Whenever I come to the home there is always enough [care staff] around if my [relative] needs help. My [relative] tells me [they] feel safe."

People received timely care and support to keep them safe. Staff were deployed throughout the home so that they were able to respond promptly to attend to people's needs. The staff were confident in their role because they knew what was expected of them during their shift and they had the information and guidance they needed to provide safe care.

People were protected from harm arising from ill treatment or poor practice. Staff knew what they needed to do if abuse was suspected or alleged. People benefited from being cared for by a team of staff that had the experience and competence necessary to safely provide them with the care they needed. Staff knew about the whistleblowing procedures in place to report concerns about people's treatment and the action they needed to take to protect people.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. New staff had not started work until all necessary pre-employment checks had been satisfactorily completed. For example, all staff were checked for criminal convictions and at least two satisfactory employment references were obtained before they started work. Staff received an induction before taking up their care duties so that they had the skills they needed to provide safe care.

People's care plans contained an assessment of their needs an any associated risks to their safety which had been carried out prior to their admission to the home. This assessment was used as a guide to create a care plan designed to meet the needs of the person concerned. People had care plans in place which identified their needs and we observed that staff followed these. Care plans provided staff with the guidance and information they needed to provide people with safe care.

We saw that a range of risks were assessed to minimise the likelihood of people receiving unsafe care. Where people had accidents in the home, such as a fall, appropriate safety measures were implemented to minimise the risk of such an incident happening again. At the beginning of each shift staff that had arrived for duty were briefed on people's changing needs so that they were able to safely manage each person's care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

Risk assessments were in place to manage the potential risk to people's health. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

People were registered with a local GP practice; GP's visit visited the service on a regular basis to provide general medical care. People also had access to other NHS services through the local hospital; as well as access to community based healthcare professionals. We saw that intervention or support from healthcare professionals or doctors had been sought in a timely way.

People's medicines were safely managed. Medicines were administered by staff that had been trained. All medicines

Is the service safe?

were securely locked away and keys were kept by the staff member in charge of the shift. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

There were suitable arrangements in place to respond to and manage emergencies safely. Staff were familiar with these arrangements and knew what to do if, for example, the fire alarm sounded. Each person had a 'personal emergency evacuation plan' (PEEP) in place in the event of a fire or other emergency warranting people having to leave the building for their own safety. A designated senior member of staff was available on call 'out of hours' to support staff if they needed support to deal with an emergency safely.

Is the service effective?

Our findings

People received support from staff that had received the training they needed to enable them to carry out their duties effectively. Staff undertook timely training to maintain and refresh their knowledge and skills. New staff initially worked alongside an experienced member of staff and completed a thorough induction training programme before they took up their care duties in the home.

Staff had the ongoing support and guidance they needed from the registered manager.

People said the staff knew their job. One person said, “They help me to do what I can for myself. If I get stuck I can rely on them and that’s a comfort.”

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff had received the training and guidance they needed in caring for people who may lack capacity to make particular decisions. People’s care plans contained assessments of their capacity to make decisions for themselves. Where people had lacked capacity to decide for themselves decisions had been in the person’s ‘best interest’ and were recorded in their care plan.

People’s needs were met by staff who were effectively supervised by the registered manager. The competence of staff to do their job was regularly appraised and staff received the guidance and support they needed to provide people’s care.

People were encouraged to make choices about managing their day-to-day lives. For example, one person had enjoyed gardening and had been involved in choosing and planting flowers; another person regularly went out independently to the local shops and was encouraged and supported by staff to enjoy this activity. Simple choices, such as choosing what clothes to wear, or deciding what to have for lunch, were promoted because staff engaged with people to find out what they liked and preferred to do.

Family members that wished to be involved in their relative’s care planning attended meetings to discuss and review the care and support required. One visitor said, “The manager always encourages me to be involved with my [relative’s] care and my [relative] likes and wants that.”

People said they had enough to eat and drink and care staff monitored how much people consumed throughout the day as a check to ensure this was the case. People said cooked meals were served hot and the portions suited their appetite. One person said, “I get more than enough to eat. The food is nice.” We saw lunch served and people were not rushed and they enjoyed the meal. People confirmed they had their choice of meal and said staff made an effort to cater for their favourite foods. People were asked in advance what they preferred to have for their meals but there was flexibility for them to change their mind. People who needed assistance with eating or drinking received the help they needed. Staff acted upon the advice of healthcare professionals that were qualified to advise them on people’s nutritional needs.

People had access to healthcare professionals, such as GPs, community based nurses. There was effective communication with local GP surgeries. One person said, “If I need the doctor it all gets sorted out quickly.” Another person said, “The nurse visits me regularly.” Staff took appropriate and timely steps to provide people who were ill with professional healthcare support.

Is the service caring?

Our findings

People were treated considerately and with kindness by staff. Staff interacted with people with patience and appropriate good humour. Their tone of voice was friendly, with words of encouragement when needed. They were respectful when approaching people and listened to what people were saying to them.

The registered manager used team meetings and individual staff supervision to discuss good practice issues relating to how people perceive what is important to them and how they like to be treated. Staff were encouraged to always try to appreciate what it is like to have to rely upon others; to be sensitive to people's anxieties and compromised abilities to manage day-to-day living tasks such as washing and dressing. One visitor said, "I can see they [care staff] try to encourage my [relative] to do what [relative] can and it gives [relative] self-respect." One person said, "Usually I struggle to get dressed. Some days are better than others. But I like to try and they [care staff] are ever so patient."

Staff conscientiously attended to people when they needed assistance or were observed to be in discomfort. Care plans included people's preferred name and people said the staff used this when they spoke with them. One person said, "It is nice when the carers call me by my first name. You feel as though they are making an effort to get to know you."

People were encouraged to personalise their room with items they valued, such as possessions they had brought with them when they were admitted. One person said, "There are lots of lovely times I like to think back on when I look at my pictures."

Bedroom and toilet doors were respectfully kept closed when staff attended to people's personal care needs. Staff did not 'talk over' people's heads but directed their attention to the person they were assisting and were discreet when dealing with a situation that was potentially embarrassing to the person. Staff respected people's 'private space' and explained what they were doing when they needed to provide a person with physical assistance. People were assisted to return to the privacy of their room when they needed support with personal care needs.

People's visitors were greeted with a friendly welcome and visiting times were open. The only restrictions on visiting times were imposed by people's own common sense, such as when a person was unwell, or if a person had simply chosen not to want visitors that day. A visitor said, "I can come and go as I please within reason. I think it is a good sign when you know you are welcome and it makes my [relative] happy. My [relative] thinks all the staff are wonderful and ever so kind. My [relative] has a good chuckle with them and that is so important to my [relative]."

Is the service responsive?

Our findings

One person said, “They [care staff] asked me what I liked and what I did not like and they took notice of that.” The staff had a good knowledge of people’s family background, their previous occupation and where they had lived before they were admitted to the home. People's needs were assessed prior to admission and their care plans had been regularly reviewed so that people continued to receive the care they needed. Care and treatment was planned and delivered in line with people’s individual preferences and choices.

People’s personal history and preferences were included in their care plans so that staff had an insight into what was important to the person, ranging from their preferred lifestyle routines to the choices they liked to make about what they wanted to wear. The information staff obtained from people and significant others enabled them to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. People’s care records included, for example, details of how staff should support people to avoid them becoming anxious or distressed. Staff knew, for example, who responded particularly well to words of encouragement and reassurance whenever they became upset. Care plans were updated to reflect changes made to the way people received their care as and when people needs changed and their care had been reviewed.

Staff enabled people to keep in touch with family and friends where possible. This was achieved by making visitors welcome and by encouraging people to maintain contact in ways that suited them, such as by telephone or by letter. For people who had no relatives or other people they maintained contact with options included using the services of voluntary agencies that provided a visiting service. Social isolation within the home was minimised by encouraging people to join in with activities or by engaging people in conversation about topical events. People were able to access newspapers, listen to the radio, or watch television and staff made efforts to engage people’s interest in what was happening in the wider world and local community.

People knew how to share their experiences or raise a concern or complaint. There were policies and procedures in place for complaints to be dealt with. The procedure sets that complaints were accepted anonymously, in person or in writing to the registered manager or provider. There was information about using the Local Authority complaints procedure if that was appropriate. When people were admitted to the home they were provided with the information they needed about what do if they had a complaint. This included verbal explanation and written information. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Staff also encouraged people to speak up if they were unhappy or worried about anything. A visitor said, “If I was unhappy about the way my [relative] was being treated I would go straight to the manager or owner and I know they would sort it out.” There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern.

Is the service well-led?

Our findings

A registered manager was in post when we inspected. The registered manager was approachable and encouraged visitors, relatives, and healthcare professionals to provide feedback, verbally, or in writing regarding their perception of the quality of care provided at the home. People said they would not be reluctant to raise issues with the provider, registered manager, or with the care staff, because they were confident they would be taken seriously. Staff benefited from an 'open door' approach and felt free to approach the registered manager if they needed guidance. When staff participated in appraisals of their work performance they were asked to reflect upon the way they did their job. This made them think about the way people's care had been provided and if they could have done things better. Staff said the registered manager was always constructive if they needed to improve their work performance rather than just being critical. One staff member said, "[The registered manager] does not just sit in the office all day but regularly 'walks the floor' throughout the day making sure we are doing a good job."

People were assured that improvements to their living environment, such as repairs, or routine maintenance, were carried out in a timely way. Audits included checking that the equipment used in the home had been appropriately serviced, such as hoists, electrical appliances and fire detection systems. The registered manager had also carried out audits of medicines, the quality of people's care plans with regard to content, accuracy of information, guidance to care staff and the outcome of people's participation in reviews.

People had their say about their experience of using the service. There were systems in place to audit the quality of care provide, such as regular surveys. People using the service and their relatives had regularly received questionnaires asking them to comment on the quality of the service they received. Where improvements were identified appropriate remedial action was taken and recorded, for example signage was improved within the home and meetings with relatives were proactively facilitated over the course of the previous twelve months.

Staff meetings were held quarterly. Records were kept of what was discussed at meetings and staff were encouraged to give their views about how the service could be improved. Compliments, as well as criticisms of the quality care provided, were shared with staff at team meetings and at shift handovers.

Records relating to people's care, care staff recruitment, and the day-to-day management of the home had been kept up-to-date and were fit for purpose. Training records, for example, showed that staff had completed their induction, were scheduled to attend a 'refresher' course, or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this. Staff were clear about their responsibilities with regard to keeping records such as, for example, details of people's day-to-day care provision and any accidents and incidents that had occurred, including actions taken. Care records accurately reflected the level of care received by people.