

Latimer Grange Limited

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## 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 ●

# Summary of findings

## Overall summary

Latimer Grange accommodates and cares for up to 27 older persons with a range of mainly age related dependencies, including people with dementia care needs. There were 24 people in residence when we inspected. At the last inspection in May 2016 the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

A registered manager was not in post as the previous post holder had recently voluntarily cancelled their registration. 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. The provider had taken steps to register a new manager and this process was on-going when we inspected.

People continued to be kept safe by sufficient numbers of appropriately recruited staff that had the skills and training they needed to do their job competently.

People continued to be treated with dignity and their individuality was respected. Their needs were met in a timely way by a staff team that was caring, friendly, and attentive to people.

People were encouraged and enabled to make choices about their care. Decisions made by staff that affected the care and treatment of people that lacked capacity were implemented in the least restrictive way and in the person's best interest.

People were safeguarded from harm and poor practice. Risks associated with people's capabilities to do what they could for themselves were assessed, reviewed, and acted upon to minimise the likelihood of accidents.

People's medicines were appropriately and safely managed. People received timely treatment from other community based healthcare professionals when this was necessary. People were supported to maintain good health and nutrition.

People continued to be cared for by staff that had access to the support, supervision, and training they needed to work effectively in their roles. There continued to be good leadership with regard to the management of the home.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Latimer Grange Limited

## 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 comprehensive inspection was carried out by an inspector and took place on the 16 February 2017. We had returned to inspect the service earlier than planned. This was because we needed to be satisfied that the quality of care provided had remained good since the registered manager had left.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had also previously 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 also contacted 'Healthwatch' to check if they had any information about the home that we needed to know about.

We took into account people's experience of receiving care by listening to what they said and by observing interactions in communal areas between staff and people in residence.

We looked at the care records for three people. We spoke in private with three people that received care and four relatives that were visiting the home. We also spoke with three staff individually, including the deputy manager, and two care staff. We also spoke with the Director of the company.

We looked at three records relating to staff recruitment and training as well as records relating to quality monitoring and the day-to-day running of the home, such as daily care records. We also looked at the communal areas within the home and two bedrooms when we were speaking with the people occupying the rooms.

# Is the service safe?

## Our findings

People's needs were safely met by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care.

People's care needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies had changed. Risk assessments were included in people's care plans and had been updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. One relative said, "I never feel that (relative) is ever left unsafe here. All of them (staff) make sure of that."

People's medicines continued to be safely managed and they received their medicines and treatment as prescribed by their doctor or other healthcare professional. All medicines were competently administered by trained staff.

The communal and private areas in the home continued to be appropriately maintained throughout to ensure there were no hazards compromising people's safety.

## Is the service effective?

### Our findings

People continued to be involved in day-to-day decisions about the way their care was provided. As much as practicable people were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People received appropriate and timely care from a staff team that knew what was expected of them. They received healthcare treatment from other community based professionals that visited the home. Staff had also acted upon the advice of other professionals that had a role in deciding changes to people's treatment. Suitable arrangements continued to be in place for people to consult their GP.

People received their care from staff that were working within the principles of the Mental Capacity Act 2005 (MCA). Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

The 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 decisions 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff understood and appropriately acted upon their responsibilities in relation to DoLS.

People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised.

People's nutritional needs were met. Where necessary, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People that needed assistance with eating or drinking received the help they needed from the staff.

## Is the service caring?

### Our findings

People said the staff were kind to them. One person said, "They (staff) are all lovely. I've got no complaints at all about any of them. They look after me." A relative said, "They (staff) are always kind and they do what they can to make sure (relative) is kept comfortable and content."

People's individuality was respected by staff that directed their attention to the person they engaged with. Staff took time to explain what they were doing without taking for granted that the person understood what was happening. Staff continued to develop positive relationships with people and used words of encouragement when they engaged with them. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. They were mindful of not 'rushing' people and that helped people to remain calm and relaxed.

People's dignity and right to privacy continued to be protected by staff. Their personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as well as bedroom doors, when they attended to people's personal care needs.

## Is the service responsive?

### Our findings

People continued to receive the care they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time.

People's ability to care for themselves had been initially assessed prior to their admission to the home. People that were still able to make some decisions, however simple, about their care had been involved in keeping their care plan up-to-date. Their preferences for how they wished to continue receiving their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was updated. The staff were able to tell us about how each person's individual choices and preferences had changed over time. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted about the person's changing needs.

People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention.

People could freely choose to join in with communal activities if they wanted to. These activities suited people's individual likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually.

People, or someone that represented them, knew how to make a complaint if they were unhappy with the service provided. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

## Is the service well-led?

### Our findings

A registered manager was not in post at the time of the inspection as the previous post holder had left since we last inspected. The provider had initiated the application process to register a new manager. A deputy manager had also been appointed to provide the staff team with the managerial support they needed. 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 continued to receive a service that was monitored for quality using the systems put in place by the provider. People's experience of the service, including that of people's relatives, was seen as being important to help drive improvements.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also appropriately kept up-to-date. Policies and procedures to guide staff were in place and had been updated when required.

People continued to be assured of receiving care in a home that was appropriately managed. The staff we spoke with all confirmed that the provider, deputy manager and other senior staff were approachable and sought to promote and sustain a culture of openness within the staff team. The staff we spoke with also continued to be satisfied with the level of managerial support and supervision they had received to enable them to carry out their duties. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.