

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

This unannounced inspection took place on the 20 May 2016.

Latimer Grange accommodates and cares for up to 27 older persons with a range of mainly age related dependencies, including some people with 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 benefited from being cared for by sufficient numbers of experienced staff that had received the training they needed to do their job safely. Staff knew what was expected of them when caring for older people, including those with dementia care needs, and they carried out their duties effectively and with compassion.

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs and provided staff with the information and guidance they needed to do their job. People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by staff that were attentive to each person's individual needs and understood their capabilities.

People had enough to eat and drink and received the care they needed. People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. People who needed support with eating and drinking received the help they required.

People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People were safeguarded from abuse and poor practice by care staff that knew what action they needed to take if they suspected this was happening. There were robust recruitment procedures in place to protect people from receiving care from staff that were unsuited to the job.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People received care from staff that were supported and encouraged by the provider and the registered manager to do a good job caring for older people. The quality of the service provided was regularly audited by the registered manager and the provider and improvements made when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Is the service effective?

Good ●

The service was effective.

People received care from care staff that had the experience, training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

People received their care from staff that encouraged them to do what they could for themselves, enabling them to retain as much independence as their capabilities allowed.

People were individually involved and supported to make

choices about how they preferred their day-to-day care. Staff respected people's preferences and the choices they were able to make about how they received their care.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that reflected their individual needs and how these were to be met by the staff.

People's needs were reviewed regularly so that they received the appropriate and timely care they needed.

People were listened to and staff acted upon what they had to say.

Is the service well-led?

Good ●

The service was well-led.

People benefited from receiving their care in a home that was effectively and conscientiously managed.

People received care from staff that had the managerial support and guidance they needed to do a good job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

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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 on the 20 May 2016.

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.

We took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke in private with five people who used the service, as well as three family visitors to the home. We looked at the care records of six people. We spoke with the registered manager, and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We viewed five people's bedrooms with their agreement.

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. Staff had the time they needed to focus their attention on providing people with safe care. People were not rushed and they received timely and attentive care when they needed it. Call bells were responded to promptly. One person said, "I like being in my room but if I need a bit of help they [staff] always come if I 'press my buzzer' [activate the call bell to alert staff]."

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

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. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. In instances where agency staff were used to temporarily cover for staff vacancies, sickness, or holidays, checks were made to ensure agency staff had the necessary experience and were capable of providing safe care.

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. 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. The registered manager and provider worked co-operatively with the Local Authority to ensure people's safety.

People's medicines were safely managed and they received their medicines as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties. People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs and/or nursing needs. The registered manager ensured that staff knew what was expected of them and had the well founded confidence they needed to do their job.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and staff were aware of, and understood 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 were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received appropriate healthcare treatment from community based professionals that visited the home. Staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment when they needed it.

People enjoyed their meals, had enough to eat and drink. Their nutritional needs were met. 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's diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Where people were unable to express a preference staff used information they had about the person's likes and dislikes. One person said, "It's [meals] home cooking. I've got no grumbles whatsoever about what's served up and there's always plenty if you want more." A visitor said, "[Relative] has always been a 'good eater' and [relative] hasn't been disappointed with the meals here." Another person said, "If you don't like something [on the menu] there's always something else you can have that's nice." People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food.

People received their care from staff that were organised. They went about their duties purposefully in an organised manner so that people routinely received their care when they needed it.

Is the service caring?

Our findings

People received their care from staff that conscientiously carried out their duties and made sure people felt valued as individuals. Staff were mindful of sustaining a 'homely' ambiance that helped people relax. One person said, "I haven't a bad word to say about them [staff]. There's not a thoughtless one amongst them [staff]. They [staff] are all kind and put us [service users] first."

People's visitors were made welcome. Staff said that people's relatives and friends were always welcome. A visitor said, "When I come here [to Latimer Grange] I always feel they [staff] are pleased to see me."

People's dignity and right to privacy was protected by staff. People's 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 were bedroom doors, when they attended to people's personal care needs. 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.

People's individuality was respected by staff that directed their attention to the person they engaged with. Staff used people's preferred name when conversing with them. People were approached by staff that took time to explain what they were doing without taking for granted that the person understood what was happening. A visitor said, "They [staff] always speak nicely to them [service users] and not just when they [staff] think you are listening. [Relative] says so as well. We [family] know they [staff] are kept busy but they [staff] are always good spirited and cheery towards everyone [service users and visitors]."

People's bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. A visitor said, "[Registered manager] said it's good for [relative] to have their own things around them in their room. I know [relative] likes that."

Is the service responsive?

Our findings

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention. 'Call bells' were responded to in a timely way so that people were not left in discomfort or at risk. A visitor said, "Whenever I've come to see [relative] they [staff] always seem to be 'on the ball'. They [staff] don't keep people 'hanging around' waiting for help."

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support 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. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted. One visitor said, "[Relative] struggles a bit with words now so they [staff] involve me although they [staff] still include [relative]. They don't just treat [relative] as though [relative] hasn't got a say."

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People were encouraged to make choices about their care and how they preferred to spend their time. People could freely choose to join in with communal activities if they wanted to. 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. One person said, "I choose to stay in my room a lot of the time because it suits me. They [staff] still let me know when there's something [an activity or entertainment] going on. I've got the option to join in if I want to."

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. 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

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager has had the experience of running and managing the home over several years, with the conscientious support of the staff team. The registered manager has had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager. Whenever difficulties have arisen relating to individual staff performance the issues have been competently and sensitively managed so that team cohesiveness is maintained.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. 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).

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been routinely updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and provider. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care.

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.