

Latham Lodge Limited

Latham Lodge Nursing and Residential Care Home

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

About the service

Latham Lodge is a residential care home providing personal and nursing care to 40 people, specialising in end of life care and people with long term health conditions. At the time of the inspection 36 people were being supported.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. They ensured the provision of best practice guidance and that supported staff to meet people's individual needs.

Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people.

The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

We saw evidence of people's and relative's involvement in care assessments. However, people did not always feel involved in the assessments and reviews.

People were encouraged to maintain a healthy, balanced diet, based on their individual needs and had access to food and drink whenever they wanted.

People and their relatives were positive about the quality of care and support people received. Staff respected people's privacy and dignity.

Staff identified what was important to people and endeavoured to provide meaningful experiences and lasting happy memories.

Latham Lodge offered bespoke care and support for people at end stage of life (EOL) and to their families.

Relatives and staff told us they thought the home was well led and spoke positively about the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective.

The manager was proactive in ensuring they had a visible presence within the home and operated an open

door policy ensuring that any low-level concerns were dealt with promptly preventing escalation.

The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.

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 (7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Latham Lodge Nursing and Residential Care Home

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.

Inspection team

The inspection team consisted of one inspector, a specialist advisor with clinical experience and expertise in nursing and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of one inspector.

Service and service type

Latham Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced on day one.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

Some people at Latham Lodge were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas.

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with 15 members of staff including a representative for the provider, the registered manager, team leaders, carers, nurses, activities coordinator and the chef.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe. One person said, "I feel very safe here, so safe, I don't want to go out". A relative told us, "[Person's name] is absolutely safe in here".
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us, "If I thought I saw abuse of any sort I'd usually go straight to the manager if they weren't in then would talk to the nurse in charge", and, "If I saw something wrong then would report it first to the team leader, then duty nurse then on to the manager. Can take it higher but she is on the ball".
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way.
- Staff held practice fire drills to check any risks to people from an emergency evacuation.
- People's personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. People told us, "Oh yes, enough staff. I get help when I need it", "When I've called for help it was very quick", and, "Seems to be enough staff, even at night".
- Staffing levels were based on the needs of the people living at the service. We saw evidence of staffing levels being adjusted in response to people's changing needs. For example, the registered manager had introduced a new twilight carer in response to people's changing needs.
- Safe recruitment practices were mostly followed. However, for three staff members, we found there were

gaps in their employment histories. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people. We raised this with the registered manager during the inspection and they promptly resolved the gaps for the three staff members following the inspection.

- A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- References for staff members were sought from previous employers. This enabled the provider to confirm that the conduct of the staff members had been satisfactory in that employment.

Using medicines safely

- People received their medicines safely and the staff carried out regular audits to ensure all medicines had been administered correctly.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly.
- The home was clean, tidy and odour free. People told us, "The place is clean, they do my room" and, "They do our room every day and keep it clean and tidy". A relative said, "I've never experienced any odours when visiting".

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- People we spoke with felt staff were well trained. One person commented; "Staff are well trained, can't fault that".
- There was a strong emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- All new staff received a range of face to face training to help ensure they had the necessary knowledge and skills to do their jobs. New staff worked alongside a trained buddy who completed competence observations with them, overseen by the registered manager.
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences was particularly valued. The registered manager sought out courses which would increase staff understanding of specific conditions. For example, diabetes and dysphagia training.
- Staff received regular supervisions including face to face meetings, observational checks and appraisals. They told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. The service used a summer and winter menu and the content of this was discussed with people. The chef told us, "We speak to the residents and ask them their meal choices for the next day. I have a folder with every resident's likes and dislikes and what diet they are on".
- We observed the lunchtime experience. The tables were set with tablecloths and napkins with cutlery and condiments. People and relatives told us that the food was good. Comments included, "I think the food is good", "Chef will do an alternative dish if we wanted it", and "[person] does eat well and likes the food here".

- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, some people required a low fat and low sugar diet due to diagnosed health needs. They were supported to understand this and to make appropriate food choices where possible. The chef told us how they made diabetic friendly versions of the choices on the menu so that people did not feel they missed out. One person told us, "I think the food is good, I am a diabetic so I have to watch what I eat".
- Where people had changing health needs, their food and fluid intake was monitored. We saw that the registered manager had a robust monitoring system in place which ensured timely referrals were made to the appropriate healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff involved people and where appropriate their relatives to ensure people received effective health care support. People told us, "They organise the GP for me", and, "I was seen by my GP and they arranged it". Relatives told us, "They have called the GP in and not hesitated getting them", and, "[Person] has seen the chiroprapist".
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dieticians and Chiroprodists.
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's

- The service was an older building that required regular maintenance. The provider was completing a decoration and update programme for the bedrooms and was completing one room at a time.
- The service had been adapted to meet the needs of the people living there. For example, it had an accessible garden. One person told us, "There is a ramp to the garden, so I can get out a lot".
- People's rooms were personalised and reflected their personal interests and preferences. One person told us, "I have my own toilet and I can have photos put up in my room".

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Staff were knowledgeable about how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "Whenever you do anything you always ask them. They have got a choice". A person told us, "They do ask us before giving us personal care".
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. For example, where discussions around power of attorney had been held. There was evidence that Mental Capacity and best interest assessments had been considered and put in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a culture for person centred care. Staff demonstrated a kind and compassionate, can-do attitude and were observed delivering care with commitment and compassion. For example, one person newly admitted, had told a carer how they don't relax until they have seen a red London bus and the carer had a model red London bus sourced for them to help them feel at home. They were delighted by this gesture.
- People and their relatives were positive about the quality of care and support people received. People told us, "Staff are wonderful, good and caring and will listen", and, "I feel I can ask any of the staff for help, they are all good here". Relatives told us, "I think the staff are all very efficient, caring and friendly", and, "the nursing staff are first class".
- Each person had a named keyworker and staff were of people's needs.
- Visitors stayed for long periods and spent meaningful time with their loved ones. A person told us, "Family can visit when they want to". Relatives told us, "The home is very caring, friendly and always there for you".
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, when observing a mealtime, staff were heard to ask people before assisting them.
- Staff spoke about people with genuine interest and affection. One staff member told us, "Every time I am speaking with them I am asking them if everything is alright or if they don't like something. Even with families I am trying to speak with them on every visit".

Supporting people to express their views and be involved in making decisions about their care

- There was evidence of monthly risk assessments and care planning to meet people's specific needs. Care plans were updated monthly and reflected the actions identified from the risk assessments. There was mixed feedback from people about their involvement in making decisions about their care. People told us, "I know what I need to do for my diabetes", "We do get the care we need and if we ask for something, we'd get it", and, "Not sure they involve us much in our care".
- Staff checked with people that the care given was right for them and done in their preferred way. A staff member told us, "See what their preferences is and how we can help them and how can we improve. If there are any objections to our care to let us know how we can do it better".
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to

them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they supported them.
- One person told us, "Staff do treat me with respect and dignity", and another told us, "I like to have females look after me and they make sure they do".
- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. A person told us, "We have a local vicar visit monthly".
- The provider had a resource pack to support them to meet the needs of older lesbian, gay, bisexual and transgender people with a support plan that could be personalised and implemented where needed. They also had guidance sheets available to people and staff.
- Independence was actively promoted and maintained for people. A staff member told us, "If they can we try to get them to do as much for themselves as they can: washing their face, what perfume they want on that day, they get the choice". One person told us, "I am able to have my meals where I like, in my room, the dining room and even in the garden".
- People's private information was kept confidential. Records were held securely. The management team and staff received training to update their knowledge about the new data protection law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Latham Lodge provided a range of activities enabling people to live fulfilled lives.
- Staff identified what was important to people and endeavoured to provide meaningful experiences and lasting happy memories. For example, for one person who had never gone camping and had expressed a wish that they had; the service organised a tent, glow sticks, campfire and campfire songs in the lounge for them with leaders from the local scouts.
- Pet-therapy was a key part of promoting people's well-being. The service arranged visits from animals including dogs, llamas and zoo animals.
- In addition to this, people had visits supported by their own pets. The registered manager told us, "Pets contact is important, some relatives look after people's pets and so bring them in".
- At the time of inspection Latham Lodge specialised in end of life care and people with long term health conditions. This meant that a large proportion of people were cared for in their bedrooms. There was a strong focus on taking activities to people and their bedrooms. For example, a miniature horse taken to people in bedrooms, as well as 'hook-a-duck'.
- People told us, "I do get visited by the activities lady", "The activities programme is quite good, always something to attend. They do ask people what they would like to do, we do have a choice", and, "The activities coordinator does spend time in my room".
- Staff actively engaged people throughout the inspection. We observed the activities coordinator supporting one to one social engagement with people, in their bedrooms and communal areas, doing activities they chose. For example, one lady was being supported to knit.
- There was a daily newspaper type leaflet called the 'Daily Sparkle' which included information about life and what happened on this day in years gone by, games and prompts for meaningful conversations with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were fully considered during the initial assessment and as part of the

ongoing care planning process so that information was given in line with their needs. For example, using pictorial format and offering visual choices. For a person for whom their hearing had deteriorated they were supported to have a communication board.

Improving care quality in response to complaints or concerns

- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning.
- People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "No complaints from me" and "No reason to complain, I would if I needed to and go to the manager". A relative told us, "No complaints and they responded to a request of having a shelf in the en-suite".
- The service had an accessible whiteboard on display in reception which invited people, relatives and visitors to offer feedback for improvement. We observed the registered manager had replied to suggestions on the board sharing their actions in response to the feedback. We saw evidence of photographs taken each month of the comments and actions stored in a file accessible to everyone to review.

End of life care and support

- Latham Lodge offered bespoke care and support for people at end stage of life (EOL) and to their families. People's future wishes were fully discussed and clearly documented within their care plans. A staff member told us, "End of life care planning: the nurses and the registered manager will sit down with the family and discuss things with them and it is all written down. Our deputy manager is also really good and will sit with them and is really lovely with them".
- The service worked alongside the local Hospice and attended communication workshops and training to ensure that the best possible level of palliative care was provided.
- There was evidence that the Hospice had been actively involved in supporting the use of syringe drivers for the people on EOL pathway.
- There was a bereavement support system in place. A staff member told us, "Our nurses are really good, our staff are really good, of each other we know who has got the stronger points".
- An information reference booklet had been created by the service to support people, and relatives, through the decision-making process for their end of life care and funeral plans. It detailed the various options available to people, covering a broad range of differing cultural options. For example, information for a humanist burial.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The feedback we received from people and relatives was positive, expressing confidence in management, leadership and care delivery.
- The provider and registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff with several reward-based initiatives. For example, every month a staff member was nominated anonymously for going the extra mile and could be nominated by anyone.
- The registered manager got to know staff as individuals and this meant that the reward and development scheme was personalised and meaningful. Staff were encouraged to make suggestions and were listened to.
- People and relatives were positive about the registered manager. Their comments included, "The manager is popular, she is a nice person", "The manager is approachable, sorts problems out", "The manager was very caring, she answered all my queries and put me at ease", and, "The manager calls us by our first names and my son is made to feel very welcome".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.
- The feedback about the registered manager was extremely positive. Staff comments included "[Registered manager name's] door is always open" and "She's brilliant, she is getting us so much stuff done. She doesn't let up. If something needs done she will push for it to be done. She pushes us as well, not aggressively but says come on you can do this and puts you forward for things".
- There was a stable and consistent staff team who were skilled and motivated. They were not only clear about their own specific roles, but also upskilled as and when needed. This was particularly evident around end of life support.
- There was a robust and extensive quality assurance system in place to monitor and improve the quality of the service. This included detailed audits carried out by the registered manager, staff and the provider. Action plans were drawn up which clearly identified any issues highlighted, timeframe for completion and person responsible. We saw that actions identified had been carried out. Furthermore, the provider had regular meetings to review any concerns and trends. This helped to maintain their oversight of quality and

safety within the service.

- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents/incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed links with external agencies ensuring successful partnership working and actively supporting staff to attend additional training. For example, one staff member was supported to attend a training course run by a local funeral home to become more informed about options available to people.
- Quality surveys were distributed to people, their relatives, staff and visiting professionals. The provider had also made available an iPad that people used to complete feedback. A relative told us, "Staff have listened to my comments and acted upon them" and a person told us, "They do consult us on ideas".
- Latham Lodge had good links with local schools and an after school club. A pen pal scheme had been set up between people and the children in the after school club. The children also visited and brought gifts for people. The schools put on performances for people and there was a dance club who came in and performed.
- Latham Lodge was part of a collaborative research partnership with an NHS Trust and had won awards for this involvement. It was open to whoever wanted to be involved, people and staff. For example, people and staff were involved in a research project about falls in care homes. The registered manager told us, "We are very supportive of research here and the importance of it. I had my residents say to me it is really good to get involved in something as boosted them so much to get involved. Not just pushed aside in a home out of way".