

Valuecare Ltd

# Lathbury Manor Care Home

## Inspection report

Northampton Road  
Lathbury  
Newport Pagnell  
Buckinghamshire  
MK16 8JX

Date of inspection visit:  
17 February 2017

Date of publication:  
25 April 2017

Tel: 01908615245

Website: [www.lathburymanor.com](http://www.lathburymanor.com)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 inspection took place on 17 February 2017 and was unannounced.

This was the second comprehensive inspection carried out at Lathbury Manor Care Home.

Lathbury Manor Care Home provides care and support for up to 23 older people with a wide range of needs for personal care and support. This includes people who may be living with dementia. There were 22 people using the service when we visited.

The service had a registered manager. However they were on sick leave on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Recruitment practices were not robust and had not been consistently followed to ensure staff employed were suitable for their role. We observed that essential employment checks for some staff had not been obtained.

Records management was disorganised and records were not always fully completed. Some relatives felt that communication at the service did not keep them fully informed.

Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. There were adequate numbers of staff available to meet people's fundamental care needs. People's medicines were managed safely by staff that were trained to do so.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They felt they were well supported by the management team and had regular one to one supervision and annual appraisals. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. People were supported by staff to eat and drink enough to meet their dietary needs and to promote healthy eating. Staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views about their day to day routines. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. Some people's care plans did not contain information about their likes, dislikes and preferences. We were informed that this was being added as each

person's care was reviewed and 50% had been completed the time of our inspection. The service had a complaints procedure to enable people to raise a complaint if the need arose. Quality assurance systems in place to monitor the quality of the care provided.

During this inspection we identified areas where the provider was not meeting expectations and where they had breached a Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Recruitment practices were not robust and did not ensure staff were suitable to work at the service.

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were adequate numbers of staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Staff supported people to eat and drink and to maintain a balanced diet.

People were supported to access healthcare services if needed.

**Good** ●

### Is the service caring?

The service was caring

People and staff had developed caring and positive relationships.

People and their relatives commented positively about the staff and the standard of care they provided.

**Good** ●

People had the privacy they needed and were treated with dignity and respect.

### **Is the service responsive?**

The service was responsive

People's needs were assessed prior to them receiving a service.

Staff made sure people received care that met their needs. The service was flexible in the way it provided care.

People were provided with information on how to raise a concern or complain

**Good** ●

### **Is the service well-led?**

The service was well-led

There was a range of Quality Assurance and audit systems in place to measure the quality of care delivered. However we found that records management was disorganised and often incomplete.

Staff members were positive about working at the service and working with the people they provided care for.

We found that notifications had been submitted to the Care Quality Commission (CQC) in line with requirements.

**Good** ●

# Lathbury Manor Care Home

## 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 checked 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.'

We carried out an unannounced comprehensive inspection at Lathbury Manor Care Home on 7 February 2017. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us during this inspection by talking with people who use the service and their relatives. In addition they observed interactions between staff and people using the service.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

The provider was not sent a Provider Information Return (PIR) to complete. 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 used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people and also observed how they were supported during the mid-day meal and during individual tasks and planned activities.

We used the Short Observational Framework for Inspection(SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and five relatives. We also spoke with eight members of staff. This included the registered provider, the deputy manager, the chef and the administration manager. In addition we also spoke with four care staff.

We looked at six people's care files to see if their records were accurate and reflected their current needs. We reviewed six staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

Recruitment procedures were not robust and safe recruitment practices were not followed consistently. We looked at six files for staff most recently employed to work at the service. We found that files did not all have the necessary employment checks in place before staff commenced work at the service. We found the recruitment files were disorganised and the deputy manager told us some of the checks we were looking for may have been sent to the previous manager and she would have to look for them. The registered provider sent us further information following the inspection. However, there still remained gaps in the necessary employment checks required to ensure the recruitment procedures were safe and consistently followed.

We found that suitable references had not been undertaken for all staff and in one file the references were dated two years prior to the person starting work at the service. Not all files contained proof of identification and there were no up to photographs of staff. Two of the application forms had been partially completed and where there were gaps in staff employment histories there was no satisfactory written explanation of the gaps.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe living at the service. One person told us, "I'm safe here. The staff are kind and we are well looked after." A relative said, "I've never heard anyone get cross with any resident or each other – it's calm and kind here."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training. I would definitely raise my concerns if I was worried about anything."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative told us, "I know my [name of relative] has a lot of problems and I am aware of the risk assessments in place to keep her safe." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of falling. We have a risk assessment in place, which tells us what to do."

Records confirmed that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when



their needs changed.

Accidents and incidents were recorded and monitored. Records seen had been completed appropriately, in line with the provider's policies. There was a system in place to ensure that the premises and equipment used at the service was appropriately maintained. For example, we saw records which demonstrated that water temperatures, gas and electrical appliances were regularly checked to ensure that they were fit for purpose. There were plans in place for responding to emergencies. The service had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency.

We received mixed views about the numbers of staffing and whether they were sufficient to keep people safe and meet their needs. One relative commented that staff always appeared busy, however another commented that there they thought staffing was adequate.

Most of the staff we spoke with felt that staffing numbers were usually adequate to meet people's needs but felt that as people became more dependant they would feel under pressure. One staff member told us, "It's just about okay at the moment. I think we have enough staff." A second staff member said, "When the residents needs start to increase we will need more staff."

The deputy manager told us that there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. The registered provider said that they use a dependency assessment tool to assess people's needs and this gives an indication as to the staffing numbers that are needed. We saw that the staffing numbers consisted of four staff in the morning and this was reduced to three staff between 14:00pm and 17:30pm. A fourth member of staff was rostered on a 'twilight shift' starting at 17:30pm bringing the staffing numbers back up to four. In addition to this there is an activities assistant who works during the week between 9 and 5pm and assists with care when required. There are also dining assistants who work from 7am to 1pm and 4pm to 7pm throughout the week who also assist with drinks and mealtimes, and spending time with people. We checked the rota for the current and following three weeks and found that it reflected the numbers stated by the deputy manager.

People told us that they received their medicines at the prescribed times. One person told us, "They give me my tablets okay." A relative said, "I don't have any concerns about [name of relative] medicines. I know she gets her tablets as she should."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member said, "We complete medicines training. It's very good and we update it regularly."

We found that medication administration record (MAR) sheets were fully completed and medicines were stored appropriately. Daily temperature checks of the refrigerator and the room where medicines were stored were undertaken. This was to ensure medicines were stored in the right conditions.

We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled drugs). People had protocols in place for PRN medicines such as, pain killers and sedatives. (PRN means take as needed). We observed the lunch-time medicine round and found that medicines were administered to people safely.

## Is the service effective?

### Our findings

People told us staff were sufficiently skilled and competent to meet their assessed needs. One person said, "The staff know what they are doing. They get it right." A relative informed us, "The staff have obviously been trained. They know their job and how to do it well."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I had an induction and I found it useful. I have been in care before but it was a good way to start my job here. I learned a lot."

We looked at the training records and found that staff had been provided with an induction and regular ongoing training. They were expected to complete the Care Certificate during their probationary period. Staff told us they received regular supervision and an annual appraisal of their performance. Records we looked at confirmed this.

Consent to care and treatment was sought in line with legislation and guidance. People told us they felt involved in their care and that staff asked for their consent as a matter of routine. One person told us, "Oh they always check with me first – do you want to (have a shower) or 'shall we wash your hair' – they are very good."

Staff told us people's consent was gained before assisting them with care and support. One staff member said, "I always explain what I am about to do and ask if it's okay. If they said No I would come back later." During our inspection, we observed staff gaining people's consent to support them. For example, during the lunch time activity staff made people aware of what was happening before carrying out tasks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for this in care homes is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. People's care records contained assessments of their capacity to make decisions. Where they lacked capacity to make decisions best interests decisions were made on their behalf following the MCA 2005 legislation. For example, best interest decisions had been made for people who lacked the capacity to safely manage their medicines.

People were supported to eat and drink sufficient amounts to maintain a balanced diet.

One person said, "The food is good here and we get tea or coffee morning and afternoon and biscuits if we want them." Another person commented, "The food is all freshly cooked and we get plenty of variety."

Staff told us they supported some people with their meals. One staff member said, "There are some people who are in bed and we help them with their meals."

We observed a lunch time meal and saw that people were offered choices of meals available. People were also offered second helpings. The food looked appetising and the staff were attentive to people's needs. The atmosphere was calm people were not rushed with their meals.

Peoples care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One family member told us, "[Name of relative] had to have a scan and they arranged it all here."

People using the service and staff told us that the district nurses visit regularly, also the chiropodist and peoples doctors. One person said, "I go to my own dentist" and another told us, "My chiropodist from the village is going to come in for me." Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager. If needed they would contact the GP or health care professional for support or advice. One staff member told us, "I think we are very quick to respond here if someone appear to be ill. We have a good relationship with the district nurses."

The registered provider told us that if people do not have anyone to go with them to the hospital then a member of staff would accompany that person. Records demonstrate that people's health needs were frequently monitored and discussed with them.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "It's a lovely home – very friendly and very personal. Even the owners come in for a chat and people will always listen." Another person commented, "They are so kind here. The staff are so lovely, so sweet, really, really sweet." Other comments we received from people and their relatives echoed these sentiments and included, "I can't fault them, they will have a chat even when they are really busy." "These young girls are so caring not just to [name of relative] but to all of us (family) too."

We found that staff worked hard to make people and their relatives feel cared for. One staff member told us, "The best thing about working here is the residents. Everyone has something different and they have led such interesting lives. I love listening to people's stories." A second member of staff commented, "It feels like we are one big family. You get to know the resident and their family members. I can really get to know the family and their needs." Staff were able to tell us about people's individual needs and how they wished to be supported.

People were supported to make choices on aspects of their daily routine; their daytime activities and their food preferences. One person told us, "They always ask me what I would like to eat." Staff told us and we observed that they consulted people about their daily routines and activities.

We observed that when people were anxious about things, staff took the time to engage with them and discuss their concerns. One person was upset on the day of our inspection, and we observed that all staff members took time to engage with them, trying hard to reassure them. Staff members were motivated and enjoyed working at the service. They told us they worked hard to make sure that people felt valued and cared for.

All the staff we spoke with confirmed that they offered people choices about their everyday care and support needs. One staff member explained, "I never presume I know what someone wants. I always ask."

The deputy manager told us that at the time of our inspection there was no one using the services of an advocate. We were told that people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us "They do well at managing my privacy and dignity. They show courtesy and respect for me." Another person commented, "They always knock on my door and treat me as an individual." A relative said, "I visit a lot and without a doubt they treat both me and [name of relative] with respect." Throughout the inspection we observed staff assisting people with personal care, which was carried out in discreet manner.

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they

supported people to uphold their dignity. One staff member said, "I always treat people with respect. It shouldn't be any other way." Staff confirmed that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

We observed staff treating people with respect and maintaining their privacy. For example, we saw that staff knocked on people's doors before entering; interactions between people and staff were respectful. We saw that staff asked people for their consent before they undertook any tasks and made sure they used people's preferred term of address."

People felt assured that information about them was treated confidentially and respected by staff. One relative told us, "The staff are very professional. They don't gossip and I have never heard them talk about anyone else."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "Sometimes confidentiality is discussed at supervision and staff meetings." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

## Is the service responsive?

### Our findings

People told us that they received good care and the staff were knowledgeable about their support needs. One person said, "The carers look after me." A second person informed us, "The care I get is okay. It's good enough." A relative told us, "They asked all about [name of relative] What their particular likes and dislikes are and what time he goes to bed and gets up."

Staff told us that people's needs were fully assessed before they started receiving a service. They informed us that people's care plans informed them about people's support needs and gave clear guidance about what they must and must not do to support the person. One member of staff commented, "The care plans are good." A second staff member said, "I always read the care plan if I have been off for a while."

People told us they were asked their views about how they wanted their support to be provided. One person said, "I do have a say and I do feel the girls listen to me." People told us that staff included them in the decisions about their care and were always asking if they wanted anything done differently.

Staff and the registered manager told us that pre admission assessments of people's needs were carried out prior to a package of care being commenced. Staff said that care was delivered in accordance with individual care plans, which were specific to people's needs and provided staff with information on how to manage their needs. Some people's care plans did not contain information about their likes, dislikes and preferences. There was also information about how people needed to take their medicines that had not been completed for everyone. We were informed that this was being added as each person's care was reviewed and 50% had been completed the time of our inspection.

Through our conversations with staff, we found that they were knowledgeable about the people they supported and were aware of their health and support needs. Any changes in people's needs were passed on to staff through daily handover meetings.

The home employed a full time activities coordinator; however she was on a planned day off at the time of our visit. We observed a visiting external entertainer during our visit and saw an activities plan that demonstrated a wide range of activities that were on offer to people. People told us that there was 'pat a dog' once a week, a keep fit session and sing-a-long held weekly basis. People were able to tell us about other activities that may take place. One relative told us "They do organise events for families – Christmas party, carol singing, fireworks and they have a lot of old films on DVD but that's about it really."

The provider gave us an example of how one person who was a keen gardener had been supported to have their own vegetable plot where they grew a wide range of produce.

The majority of relatives we talked to were aware of the complaints procedure and one relative reported contacting the director by email with a concern and having this fully resolved. However two relatives reported that they were not aware of the complaints procedure. Management shared with us the relatives and residents handbook given to all relatives on admission which clearly states the homes complaints

procedure".

The complaints records showed that concerns recorded in the complaints log had been dealt with appropriately.

## Is the service well-led?

### Our findings

We found that records management in some areas was disorganised and not always fully completed. For example the recruitment records did not demonstrate that all employment checks were in place for staff. Senior managers and the registered provider had no oversight of this. The registered provider informed us that the service had some unprecedented changes last year in losing both the registered manager and office administrator. He informed us that this had led 'to a short period where filing and chasing down of reference paper work was not as it should have been.'

We also found that some people's care plans did not contain information about their likes, dislikes and preferences. We were informed that this was being added as each person's care was reviewed and 50% had been completed the time of our inspection." The deputy manager told us they were adding this information to care plans as they were being reviewed.

There were systems in place for people and their relatives to provide feedback on the quality of the care provided. One told us that there were relatives meetings and that some things were dealt with well. They said, "I complained about the cleaning and it was sorted out. Some things you don't get feedback on. We suggested that the staff wore some kind of 'uniform' because you never know who is staff and who are visitors but we haven't heard anything." The registered provider informed us that polo shirts were being arranged for staff to wear to identify them and that relatives had been informed at a recent meeting with family members. We were also informed that a staff member wore the sample uniform shirt on a couple of occasions to show visitors and residents what it would look like.

Two relatives we spoke with felt that communication between people, relatives and management could be better. One said, "Well you never really know what is going on. I heard the activities lady had changed but you don't know they never tell you anyway." The registered provider told us that people and their relatives were able to provide feedback by different methods such as residents meetings and by an online survey where people could comment on the care provided. Following the inspection the registered provider sent us additional information to demonstrate that communication with people was made via letters and updates, meetings and the online survey.

Staff told us the management team was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a person's condition, something is done straight away." Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very approachable. I would feel comfortable going to her with anything." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect They are firm but fair." We saw that staff meetings and regular supervision was undertaken and staff were able to exchange information. We found that staff



had been appropriately supported to deliver care and treatment to an appropriate standard. This was because essential training had been completed by all staff. In addition the induction programme made sure that staff had the skills and training they needed so they could provide care safely.

The deputy manager told us that the systems for auditing had recently been reviewed and now different staff were responsible for auditing different areas of the service. This was a new development and still needed time to become embedded at the service to ensure it was used effectively to drive improvement. The provider sent us additional information following the inspection that showed audits were undertaken of areas such as medicines, infection control, health and safety, care records, hand washing and the call bell system.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not robust or consistently followed.