

Valuecare Ltd

# Lathbury Manor Care Home

## Inspection report

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Date of inspection visit:  
23 April 2018

Date of publication:  
10 May 2018

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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

Lathbury Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate 23 older people; at the time of our inspection, there were 23 people living in there.

At our last inspection in April 2017, this service was rated overall as requires improvement. At this inspection, improvements had been made and sustained and the service is rated overall good. The inspection took place on the 23 April 2018 and was unannounced.

There was a registered manager in post. 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.

People received care from staff that knew them and were kind, compassionate and respectful. The staff were friendly, caring and passionate about the care they delivered. People had formed positive therapeutic relationships with staff and felt they were treated as individuals.

Detailed care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices. End of life wishes were discussed and plans put in place.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff were appropriately recruited and there were sufficient staff to meet people's needs; staffing levels were kept under review. People were protected from the risk of harm and received their prescribed medicines safely. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people to participate in if they wished to and family and friends were welcomed to take part in events at the home.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional needs were carefully

considered and relevant health care professionals were appropriately involved in people's care.

Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged.

The service had a positive ethos and an open culture. The provider was committed to develop the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

## 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 told us they felt safe and there were risk assessments in place to mitigate any identified risks to people.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

### Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

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

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were confident that they could raise a concern about their care and there was written information provided on how to make a complaint.

**Good** ●

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

The service was well-led

There was an open and inclusive culture which focussed on providing person-centred care.

There were effective systems in place to monitor the quality of care and actions were taken whenever shortfalls were identified.

People were encouraged and enabled to give their feedback and be involved in the development of the home.

**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.

This unannounced inspection took place on 23 April 2018 and 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. In this instance, our expert-by-experience had cared for a relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in February 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority, which have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spent time observing people to help us understand the experience of people who could not talk with us. We spoke with five people who used the service, eight members of staff, which included three senior care assistants, two care assistants, an activities co-ordinator, the deputy manager and the registered manager and the provider. We also spoke with two people's relatives and a health professional who were visiting at the time of the inspection.

We looked at the care records of three people to see whether they reflected the care given and four staff recruitment records. We looked at other information related to the running of and the quality of the service.

This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

# Is the service safe?

## Our findings

At the previous inspection in April 2017 'safe' was rated as requires improvement as the recruitment procedures were not thorough and safe recruitment practices were not followed consistently. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home. We looked at the recruitment files for four staff newest to the service. They contained the necessary employment checks, for example, Disclosure and Barring Service (DBS) checks, employment histories, references and up to date photographic identification.

People looked relaxed and comfortable in the presence of the staff. People told us they felt safe in the home. One person said, "I feel very safe, I don't have any concerns, I would tell the staff if I had and if that wasn't dealt with I would tell the manager." Another person said, "I feel safe because the staff are very re-assuring, I don't have any feelings of risks, and have no concerns."

There was sufficient staff to meet people's care needs. The provider regularly reviewed the staffing levels to ensure that there was enough staff to meet peoples' changing needs. Where it had been identified someone needed 1:1 care, to ensure their safety at all times, additional staff had been provided.

Staff were visible and people were not left unattended in communal areas. There were regular checks on people who preferred to stay in their rooms and everyone had access to a call bell. One person said, "The atmosphere here it is very friendly, we have a laugh and a joke. There is lots of staff about to help me. I have rung my bell as late as two in the morning to put cream on my legs and they have done that willingly. I think they are well staffed because there is never a wait for anything."

People could be assured that they were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us, "It is our responsibility to keep people safe, if I saw anything I would report it." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy, which all staff were expected to read and sign as confirmation they had read it. The registered manager had contacted the local safeguarding team when any concerns had been raised and notified CQC as required. There had been no safeguarding investigations undertaken by the registered manager in the last 12 months.

We were aware prior to the inspection that the police were currently investigating an issue raised by the



registered manager in relation to a worker from an agency who was no longer being used by Lathbury Manor Care Home. The registered manager had acted promptly and taken the appropriate action. Any lessons learnt would be recorded and shared with staff.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "I am on medication three times a day and I get it like clockwork; if I ring for some pain killers they are never long in getting back with them." We saw that people received their medicines within appropriate periods; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with.

People were protected by the prevention and control of infection. We saw that overall the home was clean and tidy, and that regular cleaning took place. We did find a bathroom, which looked as if it had not been cleaned or used for a while. The registered manager was able to assure us this bathroom was no longer in use and agreed to keep it locked to ensure no one used it. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. The provider told us if there are any lessons to be learnt from incidents these would be discussed with staff and action plans put in place to ensure similar incidents did not happen again. We saw from a recent audit that the maintenance person had been asked to replace some light bulbs and fix a loose toilet seat. This showed that the provider actively ensured that the health and safety of people was paramount.

## Is the service effective?

### Our findings

At the previous inspection in April 2017 'effective' was rated as good. At this inspection 'effective' remained good.

People's needs were assessed prior to them moving into Lathbury Manor to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

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.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. Best interest decisions were recorded in care plans where people were unable to consent to medication. Choices and preference were clear in people's care plans including where people had varied capacity.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas and in their bedrooms. One person said, "I get myself up and dressed, then I ring for the staff and they will ask me whether I want my breakfast yet."

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. Specialist training had been undertaken, for example, staff had received training in dementia and around behaviours, which are challenging. People were confident that the staff had all been trained and we saw that staff demonstrated a good knowledge and practice when they used equipment to support people to move.

All new staff undertook an induction programme and worked alongside more experienced staff before they were allowed to work independently. One staff member said, "The registered manager is on the ball with training and is very supportive if you need guidance." Staff training records were kept and we could see that

training such as manual handling, safeguarding and health and safety was regularly refreshed.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. One member of staff said, "I am already being supported to undertake a National Vocational Qualification, which is great as I have not been here that long."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a dietitian and Speech and Language Therapist had been made when required and advice followed. We spoke with a health professional who visited the home daily, they told us that the staff were very good at raising concerns about anyone's health and seeking the appropriate advice.

People told us they saw the GP when they needed to and a chiropodist and optician visited regularly. One person said, "I see a doctor if and when I need one; I had an opticians appointment and one of the staff took me which was very kind." People benefitted from having access to a local surgery high impact team (HIT). HIT are able to deal with ailments such as Urinary Tract Infections and chest infections meaning that people did not need to wait to see a GP before being prescribed medicines to address the issues. The home had developed a good working relationship with the surgery.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. There were snacks and drinks available throughout the day. People and their relatives told us the food good and there was always a choice. One person said, "The food is lovely plenty of choices if you don't want what they have cooked, they don't mind doing something else for you like a salad or an omelette, they know I don't like chicken and they never give that to me." Another person said, "The food is good always enough to eat, if I haven't wanted what was cooked that day, they will cook me something else, they are very good like that."

We spent time observing people over lunchtime. No one was rushed and there was plenty of support for those people who needed it. The food was cooked from fresh and there was a quiet relaxed atmosphere. People told us that the staff always asked them whether their meals were okay and whether they wanted anything else.

Lathbury Manor was not purpose built but adaptation had been made to ensure people could access various areas of the home and we saw signage to help people identify which room was theirs and where the bathrooms and toilets were. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home.

There was a maintenance programme in place and some refurbishment had taken place since our last inspection, however, the home would benefit from further refurbishment. The provider told us of plans in place to develop the top floor of the home and creating an office area on the ground floor, which would give more space in one of the communal areas, which was in part being currently used, as an office.

## Is the service caring?

### Our findings

At the previous inspection in April 2017 'caring' was rated as good. At this inspection, 'caring' remained good.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. Some of the comments made to us about the staff by people included "The staff are very good they are all eager to help, I can't fault them." "They [Staff] are lovely; they speak in a very pleasing way, I wouldn't be afraid to ask them for anything." "The staff are very caring and considerate."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and were able to explain people's likes and dislikes to us. People told us that staff spent time with them to get to know them. One person said, "The staff get to know us as people, like I am from another country so they ask about that and so on." Another person said, "I think they do know me as an individual, they sit and chat and ask me about my life, they are very caring."

Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background.

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person said, "The staff are always very respectful, they will cover up the parts they are not washing to keep me warm, my door is always open but they still knock on my door before they come in."

People were valued and encouraged to express their views and to make choices. One person said, "The staff are very good at asking us on a regular basis if things are ok." Another person said, "The staff help me with a bath and to get undressed, they always say can I take this off [name] and let's take your cardigan off shall we?" We heard staff asking people at lunchtime whether they wanted to wear a clothes protector or not.

The people who were unable to communicate with us looked relaxed around staff. Staff were attentive and sat or knelt by people touching their hand when trying to communicate with them and explaining the care they were being given. Staff spoke softly to people and were mindful to protect people's confidentiality.

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Throughout the day of the inspection we observed family and friends welcomed as they visited their loved on. Relatives and friends could visit at any time; if they had given notice of their visit, the cook ensured they were offered the opportunity to have a meal with their loved one. One relative said, "I have to say that the staff go above and beyond in what they do for my [Relative] they are very well looked after; it was quite an emotional time when [Relative] first came here, but they were very kind and patient with them, as you can see they are happy here." The person smiled and confirmed they were very happy.

We observed visitors speaking to staff and there was an area in the dining room where people and their visitors could make themselves a drink and speak in private if they did not wish to stay in their rooms.

## Is the service responsive?

### Our findings

At the previous inspection in April 2017 'responsive' was rated as good. At this inspection, 'responsive' remained good.

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People and their relatives told us that they had been involved in developing the care plan. A relative said, "The manager and someone else came to do my [Relative]'s care-plan she was very nice and caring." person said, "My son speaks to the staff regularly and would have been involved in my care plan."

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People were encouraged to take part in activities both as part of a group or individually. Three activities coordinators ensured that there was a range of activities people could take part in throughout the week if they wished. On the day of the inspection, we observed individuals having nail pampering sessions and a singer came in. One person said, "The activities are good there is always something going on, and of course I love gardening that was my hobby and I'm able to carry on here, the staff take me to the garden centre, to buy some plants. (They showed us the three tubs they had recently planted). Another person said, "I thoroughly enjoyed the chap that came to sing for us today, he got everyone involved singing along, I never feel uncomfortable to join in, this is a happy place to be."

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs. One person told us, "I miss going to church but my vicar comes here."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and were possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "If I had any complaints I would tell [Registered manager] she would deal with it she's a good manager." Another person said, "I have no complaints but would speak up certainly if I had."

We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Any lessons learnt from complaints was shared with staff; for example, an action from one complaint was for a system to be put in place which highlighted more

clearly if people's health needs were deteriorating.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .One person told us, "I can't see properly and the staff know, so if there are any letters like hospital appointments they read them for me."

## Is the service well-led?

### Our findings

At the previous inspection in April 2017 'well-led' was rated as good. At this inspection, 'well-led' remained good.

People and staff spoke positively of the registered manager. Relatives commented how approachable the registered manager was and that she spent time around the home. One relative said, "The manager is always about if I need to say anything or if she wants to say something to me, they are quick to call with any urgency, it's a relief for me as well I don't have to worry anymore my [Relative] is safe and well looked after."

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We saw that following a recent Spring Fete people and their relatives had been asked for their feedback. The registered manager was in the process of responding to an issue around the complaints process; they were including information in the next monthly newsletter to remind everyone as to how they could raise a complaint.

A newsletter was sent out keeping families informed of what was going on in the home and what their loved ones had been involved with. People said they were asked daily about how they felt about the service and whether there was anything they needed or could be improved. Some of the comments we read from families included 'Extremely likely to recommend for the kindness and care provided by management and all the brilliant staff at the home.' 'Our relative's quality of life has improved since moving into the home' and 'a really loving and caring and relaxed atmosphere.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. One member of staff said, "The staff have a voice and we are able to share our opinions and experience; it could be my mum so we all try to do our best."

There were effective systems in place to monitor the quality of the service. The provider spent time at the home each week and monitored the audits undertaken and any actions from them undertook. This ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

The provider strived to look at ways to continuously improve the service. There were plans in place to



refurbish and develop the home, which would improve the environment of the home and enhance the well-being of the people living in the home.

We saw that people were encouraged to be part of their local community visiting local garden centres and Cafes. The registered manager worked with the local authority and District Nurses and was receptive to any advice and support offered to enhance the life experiences of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.