

Valuecare Ltd

Lathbury Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lathbury Manor Care Home is a residential 'care home' for individuals 65 and over, those with dementia and other physical and mental health conditions, including learning disabilities.

The building is adapted over 3 floors and can accommodate and care for up to 29 people who require accommodation and support with personal care. Twenty people were living at the service at the time of our visit.

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

The vision, values and culture of the service continued to be based on a person-centred approach, which placed people at the heart of care delivery.

People and relatives told us the service was safe, and there were suitable numbers of staff, who were recruited safely and in line with current legislation. Staff had been trained to meet people's needs and consent to care was sought and recorded.

Staff knew how to recognise and respond to concerns of ill-treatment and abuse. Risk assessments were thorough and covered the risk present in people's lives.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

The service was clean, and staff understood infection control procedures and followed them. Staff wore appropriate personal protective equipment.

Lathbury Manor Care Home continued to be well-led by a management team that people and staff found approachable and supportive and who they saw on a regular basis. Staff felt well supported by the management team and were motivated to provide good quality care to people.

The provider had systems in place to monitor the quality of the care they provided and where necessary made changes to drive improvements. Audits of the service were detailed, and any issues found were addressed promptly.

Staff referred to external professionals as required and followed advice to ensure people's needs were met.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The management team and care staff promoted a positive culture in the service. People had experienced change to their usual routines during the pandemic period and people could not pursue some of the activities they usually enjoyed. Staff were proactive in supporting people with alternative activities. Relatives were supported to stay up to date with how their loved ones were getting on, and visits were facilitated as and when this was possible. This helped promote people's choices and independence even during the pandemic period when normal routines were disrupted.

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 (published 10 May 2018).

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to the management of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lathbury Manor Care Home on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lathbury Manor 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Lathbury Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who had been recently appointed. They were in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced. We gave a short period notice of the inspection because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the provider, home manager, deputy manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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. We spoke with a professional who had regularly visited the service.

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

- Systems were in place to protect people from harm and abuse.
- People said they felt safe. One person said, "I always feel safe, I feel as safe as anything". "If you don't want to do something then I don't do it, you don't have to do anything if you don't want to". Relatives said they felt people were safe, one relative said, "Personally it's been the making of [my relative]. I couldn't believe the [good] change in them [since they have moved into Lathbury Manor]". Another relative told us, "[The staff at Lathbury Manor], took that pressure off me and [the staff] understood me and my relative".
- Staff were trained in safeguarding and understood their responsibilities to keep people from harm. They followed the provider's up-to-date safeguarding policies and procedures where necessary.

Assessing risk, safety monitoring and management

- Systems and processes continued to be in place to reduce known risks associated with care and support. Proactive management by staff of medicines safety, prevention of falls, avoidance of infections, and minimisation of risk of pressure sores if immobile.
- People received assessments of their care to determine the support they required. Information was recorded about known risks and people were actively supported in the least restrictive way to safely meet their needs.
- People had risk management plans in place which contained guidelines for staff on how to support them safely. One person said, "I can go wherever I want, and staff help with whatever I want".
- Staff were clear about their responsibilities to keep people safe and guidance was kept up to date and reviewed for its effectiveness. A care worker told us, "There is a clear reporting process. Managers are always on call. They are always on the end of the phone if needed and come in if needed".

Staffing and recruitment

- Staffing levels were monitored and recruitment completed effectively, following legislation.
- There were enough staff employed to support people and meet their needs. The provider followed safe and effective recruitment practices to help ensure only suitable staff were employed.
- People and their relatives were very satisfied. One relative told us, "Every time I have phoned up [the staff] are spot on. The staff look after people, exactly like they are in their own homes. What they do and how they deal with it". "Staff do a brilliant job".
- A care worker told us, "Induction was good, training and shadowing. Even now, we are getting training and support. Always someone to ask and talk to if I am not sure of anything. The managers are very supportive, we have regular monthly supervisions and they are useful".

Using medicines safely

- The provider had clear, comprehensive medicines policies and procedures. Staff were trained in medicines management and assessed as competent before they could support people with their medicines.
- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely.
- People had regular reviews of medicines to make sure they had the right medicines for their needs. A relative told us, "[Staff] rang me a few months ago because [my relatives] medication was due a review. [Staff] advised why the change was taking place".

Preventing and controlling infection

- People were protected from the risk of infection. The provider was promoting safety through the layout and hygiene practices of the premises. The provider's infection prevention and control policy was up to date.
- Staff protected people from the spread of infection. A relative told us, "We went through the garden and not into the care home. [The provider] has set up a specific room for families to visit.[The staff] make sure all was safe with COVID-19 and we were provided with PPE".
- Staff were trained in infection prevention and control and had good PPE supplies. A care worker told us, "Everyone is good with their PPE practice here. Everyone is aware and knows what we need to do to keep people safe". Another care worker told us, "It's a real privilege to be here and support the residents. I actually feel really safe here, we are being tested and everyone is doing everything they can to keep the residents safe".
- The provider was accessing testing for people using the service and staff.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. The management team reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings and supervisions.
- A care worker told us, "I feel ok handling difficult situations, some situations need someone to talk to, we talk about things afterwards if there is anything we could have done better or differently, we talk about things".

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

- The service continued to be well led, a new manager was in post awaiting their CQC registration. The management team and staff demonstrated a commitment to providing high-quality, person-centred care. The culture of the home reflected the positive and empowering vision and values of the provider.
- Staff had involved people in decisions about care and support and responded to concerns. A relative told us, "I always know I can speak to staff about practicalities. It's continuous communication due to the relationships with staff. I'm not shy about coming forward".
- A visiting professional told us how staff had made sure a person they were caring for with dementia and high anxiety, spent their last few months in comfort. The staff were involved in the multidisciplinary team, to ensure the best outcomes from the person. The home was very open and supported the person to come out of their bedroom, as they became less distressed.
- Staff had positive views on their relationships with their colleagues. A care worker told us, "My colleagues are amazing, we have helped each other through COVID-19, we have pulled each other through". "Another care worker told us, "People are really loved here. I feel valued and listened to".
- All the people we spoke with praised the leadership and the culture of the service. The management team were very visible at the service. A relative told us, "I know the staff including the management team. The nice thing is, they are always around and about the home when you visit - if you ever have a question. It really does make a difference for me to do that. The new manager is very easy to talk to, [they] take the trouble to approach and speak to families on skype calls".

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 provider understood their duty of candour and reported incidents and accidents to the appropriate authorities, including The Care Quality Commission.
- Robust systems to review, audit and analyse data and other records ensured quality standards remained high and processes were in place to ensure oversight and scrutiny of the care being delivered. Records showed the management team had developed a system to check the care was meeting regulatory requirements. All documented actions always included a rationale for staff. Management team had joint responsibility for the oversight of the care at the service.
- The manager and staff told us families were always contacted following any incident. A relative told us, "[The staff] were helpful and they checked, all was fine. Straight away, [staff] got straight on the case and [the staff] knew about it".

- The aims and objectives of the organisation were discussed with staff when they were employed and during management updates and supervisions sessions.

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

- The staff team understood their roles and were committed to running a high quality service that met with regulatory requirements.
- Lathbury Manor Care Home had a detailed quality monitoring system, audits were completed in the service, which linked into each CQC Key Line of Enquiry (KLOE), to provide constant assurances. Frequent and regular quality reporting was completed by the director with the manager, analysing and querying the data. Actions were then taken by the management team to ensure continuing high standards of care and support at the service.
- Staff said they were aware of their role and how it fitted into the whole team. They also had a good understanding of legislation, good practice and the need to maintain standards. A care worker told us, "We have clear processes to follow".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The vision, values and culture of the service continued to be based on a person-centred approach, which placed people at the heart of service delivery. People were fully involved in their care plans, outcomes and reviews. They were encouraged to remain as independent as possible where appropriate and people were asked to comment on the service they received during reviews.
- Staff assessed people's needs before they began using the service and considered their equality and diversity needs and how these could best be met. Many people had lived at Lathbury Manor Care Home for a long time where caring, trusting relationships had been built with staff.
- Relatives spoke positively about the inclusive care received from staff, a relative told us, "There is an active interest in getting people involved in things at [Lathbury Manor]". Another relative told us, "[The staff] are always thinking of what they can do for people".
- People and relatives were engaged with and involved in the service. Relatives we spoke with confirmed they were kept up to date and received calls regarding any important information. A relative told us, "[Lathbury Manor's] website has all the information and they include a lot of information on what's been going on social media. [The staff] call me if there are any issues. [The staff] are very good and excellent in communications".

Continuous learning and improving care: Working in partnership with others

- Best practice was driving the quality care delivery at the service and the provider had a keen commitment to providing outstanding care to support people to live good lives.
- Staff told us the provider was always trying to improve care and had recently sought staff feedback on new technology in the service. As a result of positive feedback from staff, the provider implemented the electronic care planning system. The provider had plans to expand the capabilities further, with an additional sister system, to enhance this further.
- We met one health care professional who worked with the home to care for people's nursing needs in the community and they said, "The staff are welcoming and responsive, if there are any issues, they call us. They follow up our guidance and advice as needed. We have good communication and we have no concerns about how they manage pressure care for example. The staff put in monitoring charts when needed. We have had good experience of the new manager, [they] always want to have a chat when I arrive or before I go, which is important".
- People continued to receive prompt medical attention when they became unwell and relationships with

health professionals remained very effective during these difficult, sensitive times.