

Valuecare Ltd

Lathbury Manor Care Home

Inspection report

Northampton Road,
Lathbury,
Newport Pagnell,
Buckinghamshire.
MK16 8JX







Tel: 01908 615245

Website: www.lathburymanor.com

Date of inspection visit: 11 March 2015

Date of publication: 20/05/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Requires improvement	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 10 March 2015 and was unannounced.

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 have dementia. There were 22 people using the service when we visited.

The service had a registered manager. 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 were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's needs and safe and effective recruitment practices were followed.

Summary of findings

There were suitable arrangements in place for the safe management of medicines.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with ongoing training to update their skills and knowledge to support people with their care and support needs.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards [DoLS] applications had been approved by the statutory body.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People's needs were assessed and regularly reviewed. The service responded to complaints within the agreed timescale. People were supported to take part in meaningful activities and pursue hobbies and interests.

Personal records were on display which meant people could not be confident that information about them was treated confidentially and respected by staff.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager. Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

Summary of findings

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

Staff knew how to recognise and respond to abuse correctly.

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

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

The service was effective

People received care from staff that were knowledgeable to carry out their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access health care facilities when required.

Good



Is the service caring?

The service was caring

People could not be confident that information about them was treated confidentially.

Staff developed caring relationships with people who used the service.

People were supported by staff to express their views and be involved in making decisions about their care and support.

Staff ensured that people's privacy and dignity were promoted.

Requires improvement



Is the service responsive?

The service was responsive

People received care that was responsive to their needs.

Complaints and comments made were used to improve the quality of the care provided.

Good



Summary of findings

Is the service well-led?

The service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

People, their relatives and staff were encouraged to share their views and help develop the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 March 2015 and was unannounced.

This inspection was undertaken by one inspector. Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

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 who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and 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 five people who used the service. We also spoke with the provider, the manager, the deputy manager, two relatives of people who used the service, the chef and four care staff.

We reviewed care records relating to five people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People felt safe. One person told us, “Yes, I’m very safe. The staff are very gentle with me. They are lovely.” Another person told us, “I feel secure and safe. I am well looked after by everyone.”

A relative commented, “Because it’s a small home it’s easier to keep people safe. I know my [relative] is safe and I can go home having peace of mind.”

Staff told us they had received training about how to recognise and report abuse and training records confirmed this. One member of staff told us, “I would have no trouble reporting anyone if I thought they were not behaving as they should.” The staff we spoke with told us they were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

The provider ensured that staff were fully up to date with the company and local authority safeguarding reporting procedures. We also found that the provider had effective systems in place to monitor and review incidents, concerns and complaints which had the potential to become safeguarding concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Staff told us that possible risks to people’s health and safety had been identified within their care plans. One member of staff said, “Our records are up to date so if I am off I will always check people’s records so I don’t make any mistakes and to make sure I am giving the correct support.”

Risk assessments we looked at were up to date and reflective of people’s needs. They helped staff to determine the support people needed if they had a sudden change of condition or an increased risk, for example, of falls. The registered manager understood the importance of the monitoring of accidents and incidents within the home. Staff knew they should always report an accident, so that correct action could be taken. We found that the correct action had been taken by staff and appropriate documentation completed where accidents and incidents had occurred.

There was sufficient staff available to keep people safe. One person told us, “I never have to wait long. They [staff] are always on hand to help.” A relative told us that staffing numbers were good. They said, “On one occasion I saw staff sitting with someone who was on end of life care. They never left that person alone. That impressed me.”

Staff told us there were enough staff to meet people’s needs. One staff member said, “Yes we do have enough staff. We all work well together and cover for each other if staff are off.”

The registered manager told us if people’s needs changed additional staff would be provided. She said people’s dependency levels were regularly assessed. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people’s needs and keep them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

People were supported to take their medicines by staff trained to administer medicines safely. We observed staff administering medicines to people throughout the day. One person said that they always received their medication on time. Staff told us they considered the administration of medicines an important part of people’s care. We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet.

We checked the medicines for ten people and found the number of medicines stored, tallied with the number recorded on the Medication Administration Records (MAR). All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to ensure their practice was safe. We saw, from the homes training records, all staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Is the service safe?

Some people were prescribed medicines on an 'as required' basis. There were individual protocols in place for

the use of these medicines and records showed that these medicines were only used in the circumstances set out in people's care records. This showed that staff followed the protocols in place.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. People spoke highly of the staff. One person told us, "It couldn't be better. The care is the best you can get." Another person said, "I am well looked after. They know what to do." A relative informed us, "The staff are really knowledgeable about the people who live here, most of whom have lived here for a long time so that tells you the care must be good."

Staff told us they received the appropriate support and training to perform their roles and to meet people's needs. One staff member said, "Care is done properly. We are well supported and have the necessary training to carry out our jobs." Another staff member commented, "If we feel that we need extra training it will be sorted out for us."

A visiting healthcare professional told us, "The staff know the patients well. There is very good end of life care here and pressure area care is brilliant. They take training seriously here."

The registered manager told us that new staff were required to complete an induction and work alongside an experienced staff member which allowed them to get to know people before working independently. The induction programme supported staff to understand people's needs and gain experience in a safe environment. Records we looked at confirmed staff had completed an induction programme when they commenced employment.

Training records demonstrated that staff completed core training courses including manual handling, food hygiene and safeguarding, which helped them to understand the basic skills they were required to use. We saw evidence that staff had received refresher training to keep their skills and knowledge up to date. We were told that staff could access additional training that might benefit them, such as dementia care, loss and bereavement, activities provision and preventing pressure ulcers.

Staff also told us they received on-going support in the form of supervisions and annual appraisals. A staff member said, "I find supervision useful. It's good to talk about your job and to know you're doing it right." We were informed by staff that they received supervisions on a regular basis and

records we looked at confirmed this. One staff member commented, "The manager deals with issues we raise at staff meetings or supervisions." Staff we spoke with felt there was good communication and team work.

Staff made sure that people consented to care and support before assisting them with personal care. One member of staff told us, "We all know that we have to ask people first because they may want to refuse. We have to respect their decisions."

We observed staff asking people if they were happy for them to give them their medication. People had the freedom to make choices about things such as times to get up and go to bed. We also observed that where people chose to stay in their room this was respected by staff.

Care plans demonstrated that people or their relatives had consented for staff to support them with their personal care.

The service was meeting the requirements of the Deprivation of Liberty Safeguard (DoLS) and used the Mental Capacity Act 2005 (MCA) appropriately. The registered manager understood the importance of ensuring that any restrictions placed on people's liberty was carried out appropriately and in the least restrictive manner. Staff had an understanding of the MCA and DoLS and described how they supported people to make decisions that were in their best interests to ensure their safety.

No one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw that there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. However, we saw a DoLS application and a Mental Capacity assessment for someone who had previously left the service. Therefore, we were assured that if a person was deprived of their liberty, the correct procedures would be followed to ensure that the person was kept safe.

We found that people were provided with suitable and nutritious food to meet their dietary needs. One person told us, "I have the best food. If I don't like what's being cooked they will always make me something else. It doesn't get better than that." Another person said, "It's

Is the service effective?

better than I can make. We are very lucky.” Relatives we spoke with did not raise any concerns about the food. One commented, “My [relative] loves the food. They make sure the food is suitable for everyone.”

We spoke with the chef who had a good knowledge of people’s likes and dislikes and therapeutic diets. They told us they would be more than happy to make a person an alternative meal if they didn’t like what was on the menu. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake. Nutritional guidance was sought, when required, from relevant healthcare professionals in response to significant changes in people’s needs. For example, advice including fortified diets or pureed food was provided for people and food supplements were given to people as prescribed. Records we looked at confirmed this.

We observed breakfast and the mid-day meal. Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their

choice. Tables were set out with cutlery, napkins and condiments and the dining room was bright and spacious. We saw several people enjoying a small glass of sherry with their lunch.

The service supported people to maintain good health and to access healthcare services when required. One person said, “I see the nurse and if I feel poorly I know the staff will look after me.” A relative told us, “My [relative] has a lot of healthcare issues and the home has done well to keep them here.” They also added that an optical and podiatry domiciliary service now visited the home and this had been very useful.

The registered manager told us that people were registered with a GP who visited the service as and when required. She said that the service was in close liaison with the high impact team and we saw them visiting someone on the day of our inspection. We saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the dietician and speech and language therapist.

Is the service caring?

Our findings

People said that staff were kind, caring and compassionate. One person told us, "We are like a big family. We all care for each other." A relative said, "They don't just care about the residents, they care about the families too."

Staff told us, "I come to work to care for people. If I didn't I shouldn't be doing this job. It's nice that it's a small home, most people have lived here a long time and we all get to know each other. It's a very caring environment." Staff we spoke with were aware of the life histories of people living at the service and were knowledgeable about their likes, dislikes and the type of activities they enjoyed.

We observed the relationships between people and staff and saw that staff were positive and caring and understood how to get the best from people. Staff spent time interacting with people and addressed them by their preferred names. We saw that staff provided people with reassurance by touching and giving eye contact when talking to them. We observed staff and people interacting and engaging positively with each other.

We saw that people were supported with care and compassion. The staff responded to people in a kind, calming and reassuring manner. They spent time discussing a wide range of topics with them which showed that they knew people's needs and preferences very well.

People and their relatives said they felt involved and supported in planning and making decisions about their care and treatment. One person said, "I am always given an explanation about my care or if staff need to do something." A relative told us, "I am very much involved in my [relatives] care. I talk to staff regularly about [relatives] care."

Staff told us they involved people and their relatives in planning and reviewing their care. They said that people's care plans were reviewed and discussed with them and staff spoke knowledgeably about people.

Records we looked at confirmed that people had been involved in the care planning process. These were written in a way that promoted people's individualised care. For example, we saw that one person liked to have tissues beside them at all times. We saw this was taking place

throughout the day of our visit. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available at the service.

People told us they were respected by staff and their dignity was promoted at all times. One person told us, "Oh yes they are very respectful. I wouldn't have it any other way." A relative told us, "No matter what happens the staff are always polite, respectful and I have never seen any one being treated in an undignified manner. Quite the opposite."

Staff respected people's privacy and dignity and worked hard to maintain this. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. Where staff needed to update each other, this was done quietly and not where people's needs could be overheard by others.

On the day of our visit we saw numerous personal records on display in the high dependency lounge. We saw that these pertained to people's requirements for incontinence aids, the handover book and the district nurses notes. This meant that people could not be confident that information about them was treated confidentially and respected by staff. We discussed this with the registered manager who said they would address this.

People told us that there were several communal areas within the home, where people could go if they wished to have some quiet time or spend time with family members. We saw that bedrooms were spacious and people had been encouraged to bring in their own items to personalise them. There was a well maintained garden and patio area which was accessible for people to use.

People told us that their relatives and friends were able to visit them without any restrictions and our observations confirmed this. Relatives said that they were able to visit their family member at any time and staff always made them feel very welcome.

Is the service responsive?

Our findings

People received the care they wanted and needed to meet their needs. They confirmed that they were regularly asked their views about how they wanted their support to be provided. One person said, “The staff have helped me with everything I wanted. So now I’m settled and happy.” A relative informed us, “My [relative] has very specific needs and wants. I’m amazed that the home manages to meet all their needs and keep them happy. There is very good communication with the home and I know they will ring me, no matter what time, if there is a problem.”

Staff were knowledgeable about the people they cared for. They were all able to tell us about people’s needs and how they managed behaviours that may challenge the service. They were also able to tell us how they communicated with people with limited verbal skills. They told us that care plans detailed how people wanted their care and treatment to be provided. One staff member said, “The care plans are very useful and are always kept up to date.” Another staff member told us, “Everyone who lives here is so different; no two care plans are the same.”

A visiting healthcare professional commented, “I know the staff try to fully involve the patients and their relatives in their care as much as possible.”

Staff told us that any changes in people’s needs were passed on through communication books, daily handovers and supervisions. This enabled them to provide an individual service. Relatives and health care professionals told us that staff and the management team had kept them informed of any changes in people’s wellbeing and we observed this on the day of our inspection, with visiting professionals being updated about people’s conditions.

One relative told us they were regularly involved in reviews for their family member and contributed to the care planning process.

Staff informed us that people’s care plans were developed around them as an individual and their histories and preferences were taken into account. The registered manager said that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan.

We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people’s varying level of needs and provided guidance on how people wished to be supported. Giving people choices and promoting their independence were essential factors in how people’s care was delivered. We saw that the care plans were reviewed on a regular basis and updated as and when people’s needs changed so that they remained reflective of their current needs.

The latest service satisfactions surveys asked the question, ‘Are we responsive to changes in your needs’ and we saw 100% of the responses were positive.

We saw people taking part in activities in various areas of the home. We observed staff handing out books to people and noted two people discussing the contents of their books. There was a music lounge where we observed one person periodically tinkering on the piano. Risk assessments showed that some people liked to make sandwiches for the evening and we saw photographs of when people had made bread. We observed one person doing a word search and there was a small library of books and music tapes and CD’s. The home employed an activities co-ordinator and there was a programme of activities and events organised. These included flower arranging, craft, cooking and we saw an Easter tea advertised throughout the home.

There was a sensory garden and one person told us they liked to walk in the garden and spoke to us with enthusiasm about the ducks in the pond. In the garden we saw a building that had been converted into tea rooms. Families were able to use this for their relatives private functions and we spoke to a relative who was organising a birthday for their family members 90th birthday. The tea rooms were also used for garden parties and other functions.

We saw that people had been able to bring in personal possessions from home, including small items of furniture. Some rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

We found that regular reviews of care were held to which people and their family members were invited. This allowed them to discuss individual concerns along with those which affected others in the home, including ideas

Is the service responsive?

for activities and menu options or ways in which the service could be improved. People and relatives said they felt listened to by the service and valued by staff and believed their feedback would be taken on board to make improvements when required.

People were encouraged to raise concerns or complaints. One person said, "I would certainly feel comfortable making a complaint." A relative told us, "I wouldn't complain unless I felt very strongly. I don't think you could get any better than here and I don't need to complain as the staff are very approachable."

One staff member told us, "Complaints or concerns are never left to fester. We deal with them before they become an issue."

The registered manager said that no complaints had been received within the last 12 months. We were told that complaints and comments were used to improve the quality of the care provided. We were told that service satisfaction surveys were sent out annually to people who used the service and relatives. We looked at these and found that people had been encouraged to give their views and opinions about the service.

Is the service well-led?

Our findings

Staff told us there was positive leadership in place, both from the registered manager and the provider, which encouraged an open and transparent culture for staff to work in. None of the staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. One staff member told us, “The management team try their hardest. If the residents and staff are happy we are all happy.”

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. Staff said the management team operated an open door policy and was open and transparent. A staff member said, “I can talk to anyone in management if there is a problem or I am concerned. We try to problem solve first and if we can’t resolve it we go to them for advice and support.”

Staff were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing procedure. They said that they would have no hesitation to use it if the need arose.

A visiting health and social care professional told us, “The leadership is good. Issues we raise are resolved and communication is very good.”

We found that person centred care and choice were key to how the service operated and how support was provided.

Staff told us that they were constantly reminded about the importance of promoting people’s rights, choices and independence and this was evident in discussions held with the staff. They told us they were happy in their work and felt that this enabled them to provide good quality, effective care for people.

People were encouraged to have their say about how the quality of services provided could be improved through service satisfaction surveys and six monthly residents meetings. We saw that a system of audits, surveys and reviews were also used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as infection control, medicines, staffing and care records. We saw that where areas for improvement had been identified action plans had been developed which clearly set out the steps that would be taken to address the issues raised.

Staff told us that any accident or injury would be documented so that appropriate action could be taken and we saw a system in place for recording these. We were provided with records that demonstrated accidents and incidents had been analysed to identify any patterns so the service could take the appropriate actions to minimise the risk of recurrence.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.