Valuecare Ltd

Lathbury Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lathbury Manor Care Home is a residential care home providing personal care for up to 29 people including people living with dementia. At the time of our inspection 26 people were using the service.

People's experience of using this service and what we found
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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who had a learning disability and or who are autistic.

Systems and processes to ensure management oversight required embedding into practice. Improvement had been made to audits, however not all concerns had been identified prior to the inspection.

Improvements had been made to risk assessments to mitigate known risks to people. However, some environmental risks had not been identified or assessed. However, these were mitigated immediately after the inspection.

People received their medicines by trained staff. Medicine administration records recorded the reason why a person did not receive their medicine. However, one person had not received their medicine as prescribed.

Safeguarding procedures had been followed and people were protected from abuse. However, improvements were required to ensure records of injuries and potential causes of the injury were recorded.

We received mixed views on staffing levels. Relatives did not always feel there were enough staff on duty. However, staff told us they had enough staffing. During the inspection we observed that staff were not deployed sufficiently. For example, we observed people at risk of falls being left unattended in communal areas. However, the provider had assessed staffing levels by using a dependency tool.

People were supported by staff who knew them well. Relatives and people were involved in care planning. Staff shared information with relatives regarding incidents, concerns, or changes to the person's needs.

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.

Staff felt supported in their role and enjoyed working at Lathbury Manor. Staff were positive about the management and felt valued and listened to.

The management team were committed to improving the service. They responded well to the feedback given and were open and transparent throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 06 January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. However, the provider remained in breach of regulation 17.

Why we inspected
The inspection was prompted in part by historical lack of notifications of incidents following which people using the service sustained injuries. These are subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of these incidents. However, the information shared with CQC about these incidents indicated potential concerns about the management of risk. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from requires improvement based on the findings of this inspection.

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

Enforcement
We have identified breaches in relation to management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 Health and Social Care Act 2008.

Inspection team
The inspection was completed by 2 inspectors.

Service and service type
Lathbury Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lathbury Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people living in the service and 4 relatives about their experience of the care provided. We spoke with 12 members of staff including the home manager, deputy manager, catering staff, laundry staff and care staff.

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

We reviewed a range of records. This included 5 people's care and medication records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last 2 inspections the provider had failed to have effective systems in place to record and monitor management oversight of people's safe care and treatment. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At the last inspection we found not all risk assessments to support people with distress or anxiety contained potential triggers or clear strategies that mitigated all known risks. At this inspection we found risk assessments had been updated and contained sufficient information.
- At the last inspection we were told not everyone felt safe due to a person harming others. At this inspection we found the risk of harm from this person had been mitigated by additional staffing.
- People were protected from risks associated with their health conditions. The provider had risk assessments in place to mitigate these risks and to support staff in understanding the signs and symptoms to be aware of.
- Risks associated with the environment had been risk assessed. The provider had risk assessments in place for risk from wardrobes and the pond in the garden. However, we found some objects in the garden that could pose a risk to people and relatives. The manager arranged for these objects to be removed immediately after the inspection.
- People were protected from risks associated with scalding, fire and falling from a height. Windows had window restrictors on them, hot water taps had thermostatic mixer taps to ensure the water could not scald people and fire procedures were in place.

Using medicines safely
- Medicine management required improvement. We found not all creams had an open date recorded and there were excess creams kept in people's bedroom. The manager removed all open or additional creams from people's bedrooms and ensured all creams had an open date. This meant that staff would now know when a cream had expired.
- One person had not been receiving their medicines as prescribed. Medicine administration records (MAR) evidenced the person had only been administered the medicine 3 times a day, the prescription stated they should have been receiving the medicine 4 times a day. The manager contacted the GP immediately after the inspection to request the prescription was changed.
- Staff had the information required to understand when a person may need 'as required' (PRN) medicines.

Protocols were in place and staff recorded the reason for administering these medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● At the last inspection we identified several people had been subjected to harm or placed at risk of harm from others, the provider had not always submitted the necessary notifications to the local safeguarding team or the Care Quality Commission (CQC). The action taken by CQC regarding these incidents has not yet been concluded. Therefore, we only looked at safeguarding processes from October 2022, we found safeguarding procedures were being followed appropriately.
● Records of injuries required improvement to ensure people were protected from potential abuse. We found not all injuries or potential cause for the injuries had been recorded.
● Reviews of trends and patterns required some additional analysis. The provider had not included place and staff present when analysing incidents and had not included whether a fall was witnessed or unwitnessed. This information was being added to audits.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment
● The provider had a dependency tool to identify the number of staff required on each shift. However, due to the layout and number of communal areas within the home we observed there were not always sufficient staffing deployed. For example, during the inspection we observed that people were, at times, left unsupervised in the lounge areas. This included people who were at risk of falls and required staff supervision when mobilising.
● Not all relatives felt there were sufficient staff deployed at night. One relative told us, "At night [person] waited for an hour to get support to access the toilet at times." Another relative told us, "It is often hard to get staff to notice what is happening with residents unless pointed out to them." The provider told us these issues had not been raised with them previously.
● Staff told us staffing was adequate. One staff member said, "There are enough staff to meet everyone's needs."
● Staff recruitment processes promoted safety. Safer recruitment checks had been completed before staff started working at the service. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

● We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found areas and equipment within the home that required additional cleaning. A relative told us, "We have noticed recently that the home is not very clean in some areas." The manager implemented additional cleaning immediately.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed into the home.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last 2 inspections effective systems were not in place to record and monitor management oversight of people's safe care and treatment. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Systems and processes to ensure the environment was safe required further assessment of risks. For example, concerns found with potentially harmful substances or equipment had not been identified or risk assessed. The manager removed risky items and completed risk assessments immediately after the inspection.
● Systems and processes to ensure medicines were given as prescribed and expiry dates were identified required embedding into practice. The provider had a new medicine audit; however, this had not identified the concerns with one person not receiving their medicines as prescribed or the creams that had no open dates recorded.
● Systems and process to ensure records were factual and up to date required improvement. For example, we found thickener for drinks and nutritional supplements were not consistently recorded, records of injuries or potential causes of injuries had not always been recorded. A new audit was being implemented to review these records and ensure records were kept up to date.

We found no evidence that people had been harmed. However, the provider had not ensured systems to assess, monitor and improve the service were effective. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had improved audits to assess, monitor and improve the quality and safety within the home. However, these still needed to be embedded and sustained into practice.

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

● The provider and manager were committed to making improvements in the service, they engaged with the inspection process and remained open and transparent throughout. We received updates and reviewed records after the inspection

● People and their relatives were involved in the care planning and reviews of care plan documents. One relative told us, "I was involved in agreeing [person's] care plan and subsequent updates. I am kept updated on relevant issues at Lathbury Manor and encouraged to feedback."

● Relatives told us staff knew people well and responded to their needs. One relative told us, "The staff at Lathbury Manor know [person] very well and [person] does feel very safe with them. Staff can recognise when something is wrong and take prompt action."

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

● The provider kept up to date with national policy to inform improvements to the service.

● The registered manager kept staff updated on improvements made and any action plans in place. Staff told us they felt supported within their roles. We received extremely positive comments from staff regarding the support management gave them. One staff member said, "I feel we are finally heading in the right direction. The support from our manager allows us to have a voice that's listened too."

● Relatives told us communication had improved and staff were getting better at keeping them up to date regarding accidents, incidents, changes in needs or concerns relating to their loved one.

● The registered manager was compassionate towards staff and supported their wellbeing. The provider ensured they made 'reasonable adjustments' for staff who required additional support to complete their job.

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 registered manager understood their duty of candour responsibility. Policies and procedures were in place.

● Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems were in place to record and monitor management oversight of people's safe care and treatment.