

Buckingham (Bucks OPCO) Limited

Lace Hill Manor Care Home

Inspection report

112 Needlepin Way
Buckingham
MK18 7RB

Tel: 01280428297

Date of inspection visit:

26 April 2023

02 May 2023

05 May 2023

17 May 2023

Date of publication:

21 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lace Hill Manor Care Home is a care home providing personal and nursing care to up to 62 people. At the time of our inspection there were 23 people living at the home. The building is purpose built and each person had their own room with en-suite facilities. Accommodation was spread over 2 floors. People had access to a wide range of seating areas throughout the home. People also had access to facilities including a cinema room, hairdressing salon, private dining room for hire and a café/bistro area.

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

Care plans were in place for each person. These had not always been kept up to date and were difficult to follow, as multiple records were in place. Records of fluid intake and repositioning did not consistently show staff had carried out the interventions at the required intervals.

There were systems to audit the service and we could see actions were taken to make improvements. However, we found the issues we identified during the inspection had not been picked up in audits.

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. However, we found improvements were required in record keeping about decisions made in people's best interests.

There were sufficient staff to meet people's care needs. Pre-employment checks had been carried out to ensure staff had the necessary skills. People were protected from the risk of abuse. People we spoke with felt they or their relative were safe at the home. Any safeguarding concerns were reported to the local authority.

Risk assessments had been completed to reduce the likelihood of people being injured or harmed. People's medicines were managed safely.

Staff followed good infection prevention and control practice. The home was clean and tidy throughout with good systems for managing laundry and adequate supplies of personal protective equipment.

Staff told us they felt supported and they completed numerous training courses. Training was updated during the course of the inspection.

People received a balanced diet and there was positive feedback about the quality of meals. We observed meals were unrushed and people were supported in a dignified manner.

People were cared for by staff who were caring, respectful and promoted their privacy, dignity and independence. Activities were available to provide stimulation and interest. We observed 1 activity where people enjoyed listening to a singer and some danced along to the music.

People were consulted about their care and asked for feedback in residents' and relatives' meetings.

People were supported to express their wishes regarding end of life care. The home had received numerous thank you cards from family or friends of people who had been cared for at the home.

People who provided feedback to us consistently said the registered manager was approachable and caring. Staff described the home as a good environment to work in and they felt listened to. The home offered its facilities to external organisations to use, to integrate the home with the local community.

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

Rating at last inspection

This service was registered with us on 12 April 2022 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

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.

Enforcement and Recommendations

We have identified a breach in relation to governance of the service. We have made recommendations regarding recruitment records, improving fire drills, assessing the suitability of the environment for people with dementia and care planning.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Lace Hill 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.

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 2 inspectors. An Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lace Hill Manor Care Home 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. Lace Hill Manor Care Home is a care home with 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 on the first 2 days; announced on the further 2 days to ensure access to the computer system and availability of the registered manager.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the Provider Information Return. 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 sought feedback from the local authority and other community professionals who work with the service. We emailed staff to seek their feedback on the service.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, regional director, a member of the quality team and a range of staff including care workers, the lifestyle coordinator and maintenance personnel.

We observed mealtimes, an activity and a daily managers' meeting. We spoke with 4 people who used the service and received feedback from 21 relatives.

We checked a range of records. These included staff recruitment files, 8 people's care plans, medicines records, a sample of audits, minutes of meetings, a sample of policies and procedures, training records and records relating to safety and upkeep of the premises.

After the inspection

We requested and received additional evidence from the provider to support our judgements. We continued to review this information until 23 May 2023.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by staff who had been recruited safely. However, improvements were needed to ensure records relating to staff met the requirements under the regulation. For example, we found some records did not contain proof of identity and a recent photograph.

We recommend the provider seeks support from a reputable source to ensure recruitment records reflect the legal requirements.

- We found pre-employment checks were carried out on all staff prior to a start date being agreed. This included a Disclosure and Barring Service (DBS) check which provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additional checks were made to ensure qualified staff were registered with a professional body.
- The provider had systems in place to monitor people's level of dependency, which allowed the registered manager to recruit enough staff to meet people's needs.

Assessing risk, safety monitoring and management

- People were protected from the risk of potential harm.
- The risks associated with people's medical conditions were assessed and measures put in place to reduce the likelihood of harm. For instance, in relation to skin integrity, the risk of falls, use of bed rails and risk of choking.
- People were protected from risks associated with the environment. The provider had a clear schedule for health and safety checks and we found records reflected this.
- Fire drills were carried out. However, the records of these did not show staff had undertaken sufficient rehearsal or lessons were learned from drills, such as obstacles which needed to be removed, or ways to improve evacuation.

We recommend the provider seeks advice from a reputable source on ways to improve fire drill practices.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe in the home. Relatives' comments included "I think the care that she gets there is very good and is safe," "The care he is getting there is extremely safe," and "I think mum is completely safe and when I talk to staff, the way they talk back to me shows a real understanding of mum

and how to handle her."

- Staff completed training in safeguarding people from the risk of abuse.
- The registered manager reported any concerns about people's well-being to the local authority safeguarding team and co-operated with any investigations.

Using medicines safely

- People were supported by staff who had received training on how to support them safely with their medicines.
- There were procedures to follow on the safe management of medicines and reporting of errors.
- We observed medicine administration. Staff demonstrated they were kind, professional and patient with people. People who required time-critical medicines were supported in a timely manner; staff were knowledgeable about the required times.
- Risk assessments had been completed where people received anticoagulant therapy, to thin their blood. We provided a link to our website where there is good practice information about information to include in a care plan to support the use of anticoagulants.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Relatives told us they were not restricted on visiting people. Comments included "There has be no problem with visiting," "There have been no restrictions at all," and "There are no restrictions and you can go when you like."

Learning lessons when things go wrong

- Incidents and accidents were recorded. We could see appropriate action had been taken in response to these.
- The provider had systems in place to share learning across the organisation.
- The registered manager or deputy manager held a daily meeting with staff to share any important information.
- Lessons learnt were discussed at staff meetings to improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People lived in a home which was purpose built. The environment was light and airy. There were adapted bathrooms and provision of grab rails to promote independence. There was sufficient space for wheelchairs and hoists to be manoeuvred safely.
- Communal lounges and other spaces were comfortable.
- People living with dementia could have benefited from some adjustments to their surroundings, to meet their needs. For example, improved signage for toilets, use of contrasting colours to highlight switches and hands on clock faces.

We recommend the provider seeks advice from a reputable source to assess the suitability of the environment for people with dementia.

Staff support: induction, training, skills and experience

- The provider had systems in place to support staff such as induction and supervision processes.
- We found gaps in records relating to staff supervision (meeting with their line manager). We discussed this with the registered manager who confirmed records relating to staff did not meet with the provider's expectations. However, staff told us they felt supported.
- We found staff were given a 12 week period to complete mandatory training. Some staff were working with people without having completed the required training. For instance, a member of hospitality staff was observed handling food but had not received any food safety training. Training was updated during the course of the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A full pre-admission assessment was carried out. This captured important information including people's physical and mental health, likes, dislikes, family and social history.
- Relatives told us assessments were carried out before the home offered a placement.
- Comments included "They sent a senior nurse out to discuss with us what dad's needs are and to see whether they could meet them. It was not just a question of his personal needs, but they also wanted to know if he needed any sort of equipment and prepared to buy this in if he needed it to make his day as comfortably possible from day one."
- Another relative said "When dad went in there, we had quite a long discussion with (the registered manager) about what dad liked to do. They wanted to know about dad's history, where he worked and things like that."
- The registered manager and staff regularly worked in partnership with external healthcare professionals to

re-assess people's needs to ensure they received effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a balanced diet to meet their nutritional needs.
- People told us they liked the food. Comments included "I think the food is excellent. The choice and the quality I cannot fault it at all," "The food is excellent, and I have no issues with it. Mum has put on weight," and "There is always a really good choice. I have eaten there myself and I cannot fault the quality."
- People's likes and dislikes were known by staff. We observed alternative options were provided to people if they did not like the menu options.
- We observed people were supported in a dignified, patient manner and given time to enjoy their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People benefitted from a service which worked well with external healthcare professionals to promote their health and well-being. A paramedic from the local GP surgery visited the home every week and once a month a team including a GP, paramedic and pharmacist visited.
- We saw people were referred to external healthcare professionals in a timely manner. Healthcare professionals told us the home worked well with them and any advice was followed.
- Staff had handover meetings between each shift to ensure important information was shared about people's welfare. Staff ensured they kept up to date with any changes in care needs, for example, if people had been admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice. We observed capacity assessments had been carried out on decisions about care and treatment. For instance, the use of bed rails. However, we found this was not always followed up with a best interest decision. We spoke with a member of the provider's quality team about this and immediate action was taken.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect by staff and were treated well.
- We received numerous comments about the caring nature and actions of staff. These included "The staff are so kind and compassionate...100% they treat dad with dignity and respect," "I think the staff at Lace Hill do treat mum with kindness and compassion, with dignity and with a sense of humour," and "I think it is the ethos of the home. All the staff that I have come across seem to be very caring and doing their best for all of the residents."
- Care assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, sexuality and cultural considerations.

Supporting people to express their views and be involved in making decisions about their care

- People told us and we observed they were involved in decisions about their care. This was also supported by what relatives told us.
- Comments included "As far as care planning is concerned, I think they have involved her and us as much as they can in catering for mum's needs," and "They have looked to involve us and dad in his care planning, and we have regular enough discussions about his care." Another relative told us "More recently we have had to change his...medication...They did not change any of this without first consulting (family members)."

Respecting and promoting people's privacy, dignity and independence

- People were routinely treated with respect. People told us they had developed a good relationship with staff. We observed interactions between people and staff were kind, caring and compassionate. People told us they were "Very happy," "Feel safe here" and "Feel safe and secure."
- People's independence was promoted. A visitor told us 1 person had been isolated in their own home and restricted to 1 room. They said since living at Lace Hill Manor Care Home they were walking every day and "Had come to life, it is so nice to see."
- Another person told us they were supported to be as independent as possible. We noted 1 person was making their own breakfast. A further person was supported to dance to music in their wheelchair.
- Staff were able to share their knowledge about people's needs. One person told us how every staff member was well known to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had care plans in place. However, the quality of the information did not routinely provide a good picture of people's needs. We noted many of the documents were updated after the first day of the inspection. We discussed this with the registered manager, who confirmed records had not been as up to date as they would have expected prior to the inspection.
- There was a form to record personalised information about people's lifestyle, although these had not been completed. This information would enhance person-centred care planning.
- Some information in care plans referred to "the person" rather than their name. In 2 care plans, we found the person had been referred to by someone else's name.
- Care plan records were quite difficult to follow, to establish the support a person had received in any 24 hour period. This was due to multiple records being in operation and sometimes inconsistency in where to record information. This resulted in some gaps. However, staff were able to tell us about people's care needs.
- The provider told us changes were due to take place to the electronic care planning system to improve it.

We recommend advice is sought from a reputable source about improving care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people to express their needs.
- People were supported to use any identified aids to facilitate communication. For example, hearing aids and glasses. Staff who had communication needs were also supported appropriately.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of social activities. The home had a lifestyle team who coordinated activities including art sessions, gentle exercises and a therapy dog. Preparations were underway to celebrate the coronation of King Charles III. There were lots of ideas for further events and activities.

- We observed a singer who attended the home. This activity was really enjoyed by people. There were lots of smiles, toe tapping and some dancing, supported by staff where necessary. Staff made this into a social event with drinks and cookies or cake provided.
- Relatives told us they were supported to keep in touch and visit the service. Feedback included "That is the strength of the care home. I can visit when I want to, and I have never had a problem," "They are brilliant there. You can turn up when you want morning, afternoon or evening and I am always made to feel very welcome," and "They have made it clear that I can visit whenever I want to."

Improving care quality in response to complaints or concerns

- Complaints procedures were in place at the home, however feedback from people's relatives was mixed about their knowledge on how to raise a concern.
- One relative who had made a complaint told us "The complaint was all dealt with satisfactorily by the manager and she apologised for what had happened." Twelve relatives said they had not needed to make a complaint.
- We saw complaints had been investigated and responded to in writing.

End of life care and support

- People were supported to record their end of life wishes, if they were comfortable discussing these.
- One person told us they had worked with the staff at the home and external healthcare professionals to draw up an advanced care plan which recorded their wishes for end of life care.
- People in the home spoke positively about how the staff treated people towards the end of their life. We noted comments in thank you cards from relatives were filled with positive comments.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Records were not always easy to follow and had not always been well-maintained.
- Throughout the inspection, we found it difficult to obtain accurate records about people's care and support; we needed to request additional information to obtain a clear overview. This included records of interventions from staff. For example, records to show when people had been repositioned and records of fluid intake.
- We asked the registered manager to check gaps in some of these records. They were unable to ascertain if people had received the care they required. They told us they would put measures in place to address this.
- The provider had systems in place to monitor the service. However, we found they did not address some of the shortfalls we found, such as in relation to standards of record keeping.
- We found checks of first aid kits had not taken place since July 2022. On inspection of the emergency grab bag, we found the mobile telephone did not work. The fire procedure in the bag did not contain information about the assembly point or the safe haven for people to locate to. This was updated during the inspection. However, audits of the service had not picked up these deficits.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to effectively assess, monitor and improve the quality and safety of the service.

- We consistently received positive feedback about the registered manager. Comments included "The manager, (name), is excellent. Nothing is too big or too small and you know that she is always trying her best despite adversity. She's extremely approachable and many of the staff say the same things." "The best interests of the residents at Lace Hill is always priority. I have found the manager at Lace Hill Manor to be very approachable." "I feel the current manager has a kind, organised and understanding manner about her and her administration has always been impeccable."

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other

'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to show us examples of letters which had been sent in response to incidents.

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

- The home encouraged intergenerational opportunities and encouraged links with the local community. A local school visited the home for an Easter egg hunt. The Buckingham Age UK group met at the home on a regular basis. The home hosted a monthly dementia café, for local residents to learn and share information about dementia care.
- We read minutes of some residents' meetings and also relatives' meetings. These showed people were asked for feedback, consulted about their care and their suggestions were listened to.
- Staff told us they knew how to raise any concerns and were aware of the whistle blowing procedure. Comments included "I am very confident to raise issues with my manager if need be and I am very much aware of the whistleblowing policy," "You can express your view, feel you are listened to, however takes time to get moving forward," and "I...have always found the managers to be very accepting of feedback."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning up to date. They attended regional meetings within their organisation, to share best practice and lessons learned.
- The service worked in partnership with other agencies such as health and social care professionals.
- Staff told us they were updated about practice and any learning from incidents.

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
Treatment of disease, disorder or injury	<p>The provider had failed to effectively assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2)</p>