

Review of compliance

Value Care Limited Lathbury Manor Care Home	
Region:	South East
Location address:	Northampton Road Lathbury Newport Pagnell Buckinghamshire MK16 8JX
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	<p>Lathbury Manor Care Home is owned by Value Care Limited and provides accommodation and personal care for up to 23 older people, most of whom have dementia care needs. The home is located in Lathbury which is a small village on the outskirts of Newport Pagnell, Milton Keynes.</p> <p>Further information can be obtained</p>

	direct from the provider.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Lathbury Manor Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On the day of our visit there were 21 people using the service. We spoke with four people who all confirmed they were pleased with the care and the support they received at Lathbury Manor Care Home. We also spoke with three visitors who all confirmed they were very pleased with the care their relatives received.

People said the staff were friendly, helpful and polite, and their choices were respected. We saw the staff treated people with dignity and helped them to make their own choices.

What we found about the standards we reviewed and how well Lathbury Manor Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.
People experienced care and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The people we spoke with told us they were pleased with the care they received; they told us the staff listened to what they had to say and respected their wishes. They told us they were able to make their own decisions, such as when to get up, go to bed and how they wished to spend their time. We saw that one person liked to spend time in their own room and the staff respected their wishes.

Other evidence

People who used the service understood the care choices available to them. We saw that written information about the services at Lathbury Manor Care Home were made was available for people and visitors.

People were involved in making decisions about their care. We looked at the care plans for three people who used the service. We saw that people had been involved in planning their care and their individual preferences were documented in their care plans. We also saw that where people lacked the capacity to make informed decisions about their care that other health and social care professionals had been closely involved in planning their care.

We saw that where possible information had been sought on people's backgrounds,

which gave an insight into people's previous occupations, hobbies, interests and important events in their lives. The information helped the staff to understand and respect the individuality of people who used the service.

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We received positive comments from the visitors we spoke with. They told us the staff were always welcoming and confirmed they were kept informed of any changes in their relatives' health conditions.

Other evidence

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three care plans and their associated risk assessment documentation. The documents within the care plans provided up to date information on the health and welfare needs of the people who used the service.

We saw that people's specific health problems were closely monitored and followed up with other healthcare professionals, such as their GP or the district nurse. We saw that records of people's food and fluid intake, weight gains and losses were closely monitored, so that any changes could be quickly responded to.

We saw that people were provided with appropriate aids, adaptations and equipment, to support their mobility and maintain their independence. We observed staff using appropriate moving and handling techniques when assisting people to move. For example when helping people to move out of their chair.

We saw that people at risk of developing pressure sores had any changes to their skin condition closely monitored and appropriate pressure relieving mattresses and cushions was seen to be in use.

We saw that risk assessments identified areas of personal risk, and where people lacked capacity to give informed consent, or to agree to their care or treatment, that Mental Capacity Assessments (MCA) had been carried out. Accidents and incidents in the home were monitored to identify and reduce the risk of them happening again.

We saw that the staff team met regularly to review the needs of the people who used the service.

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All of the people we spoke with said the staff treated them with respect. One person said "I know I'm in good hands".

Other evidence

We saw that safeguarding policies were in place to guide staff on how to report any abuse.

We saw that staff training was provided on safeguarding. We spoke with four staff individually who all confirmed they had been provided with training relating to safety matters, such as assessing risks, moving and handling techniques, and safeguarding vulnerable adults. They were able to tell us what they would do if they suspected someone was being abused or if they witnessed any poor care practice.

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with people who used the services but their feedback did not relate to this standard.

Other evidence

Staff received appropriate professional development. We saw that all new staff completed an induction programme, which incorporated modules from the Quality Care Framework (QCF) previously known as a National Vocational Qualification.

We saw that mandatory training was provided for staff. We also saw that staff were provided with training to meet the specific needs of people who used the service, for example dementia care, caring for people living with dysphasia (swallowing difficulties) and end of life care.

We spoke with four staff who told us there were lots of training opportunities and they felt supported by the management to further develop their skills and experience. Staff said they met regularly with the management to discuss their learning and development needs. Comments from the staff we spoke with were, "I really enjoy working here, I like making peoples lives better" and "my work is very rewarding, I love it".

At staff meetings staff were expected to share their knowledge with other members of the staff team. We were told a member of staff had recently attended a course on Parkinson's Disease and shared what they had learnt with the staff during one of the staff meetings.

We were told that a 'special carer' system had been set up where each member of staff was allocated a small number of people using the service. Staff told us the role of the special carer was to make sure that people received individualised care and support.

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people who used the service but their feedback did not relate to this standard.

Other evidence

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the provider carried out satisfaction surveys to identify areas for improvement. We looked at the results of the most recent survey that showed people were pleased with the service provided.

We saw that regular quality monitoring checks were carried out. These included, for example, checks on the medication storage and administration systems, care plans and risk assessments. We also saw that regular checks were carried out on the building upkeep and health and safety systems.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that people's care plans and risk assessments were reviewed and updated where necessary following accidents and incidents.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA