

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Lathbury Manor Care Home

Northampton Road, Lathbury, Newport Pagnell,  
MK16 8JX

Tel: 01908615245

Date of Inspection: 28 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Value Care Limited
Registered Manager	Mr. Jonathan Kenneth Allen
Overview of the service	<p>Lathbury Manor Care Home can accommodate up to 23 people. The service cares for older people including people with dementia.</p> <p>Further information can be obtained direct from the provider.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service.

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### What people told us and what we found

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We spoke with four people using the service and asked them about their experience of using the service. All of the people we spoke with confirmed they were pleased with the care they received; they told us the staff were friendly helpful and polite. They also told us they were treated with dignity and their privacy was respected.

During our visit we observed that staff spoke to people politely and asked for their consent before providing care and assistance. For example, we observed people being offered their medicines; the staff asked whether they needed any prescribed medicines for pain relief.

We looked at the care records for two people using the service. We found the care plans detailed the specific elements of people's care and treatment needs and staff had amended the care plans as and when changes were required.

We found that the provider operated effective recruitment procedures in order to ensure that staff employed at the service were of good character, had the qualifications, skills and experience necessary to their roles and responsibilities.

We found that the provider carried out annual quality assurance surveys to give people using the service, their relatives and other people involved in their care the opportunity to provide feedback about the service provision.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed that staff treated people with respect and involved people in making decisions. For example, the staff took time to explain and gain people's co-operation and consent before assisting people at mealtimes, when giving medicines, when carrying out moving and handling procedures. This meant that people were able to make informed decisions and provide informed consent to the care and treatment that was offered.

We had the opportunity to speak with four people who used the service, they told us they liked living at Lathbury Manor Care Home. People said that staff involved them in making decisions about their care.

The staff we spoke with confirmed they explained people's care needs to them and/or their representatives to ensure that people fully understood what the staff needed to do to provide the appropriate care and support. This meant that staff had done everything practicable to obtain people's cooperation and informed consent before providing people with any care.

We found that where people did not have the capacity to understand and give consent to their care and treatment; the provider used their judgment to assess whether a particular decision about a person's care was significant enough to need a formal, written mental capacity assessment. We saw that people's care plans had been authorised by the person who held the responsibility for drawing up and reviewing the care plans.

We found best interest decisions for people without capacity had involved consultation with close relatives and other health professionals. Where people were assessed as being unable to manage their own medicines, the person or their representatives had signed to give their permission for staff to take on the responsibility of managing their medicines.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for two people who used the service. We found they gave sufficient information on the specific elements of people's care and treatment needs; which included information about their lifestyle choices and daily routines. The care plans had been regularly reviewed and amended to reflect any changes to people's care and treatment needs, in agreement with the individual or their representatives.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that risk assessments were in place to protect people from harm and promote good health. For example, risk assessments were in place for people at risk of harm due to falls, pressure area skin breakdown, movement and handling, hydration and nutrition. We saw the assessments had been regularly reviewed along with the associated care plans.

When we arrived at Lathbury Manor Care Home we saw that an outside entertainer was entertaining the people, through singing and playing the guitar. We saw that people enjoyed the activity; they were joining in singing and playing along with tambourines, maracas and other small musical instruments. We saw that one person was on their way out, with a staff escort to go shopping at Milton Keynes Shopping Centre. Later in the afternoon we saw that a small group of people were engaged in an art session.

The people who used the service and the staff confirmed that activities were provided for people on a daily basis and an outside entertainer visited at least once a week. We saw that staff who organised and provided people with activities, received appropriate training in order to provide appropriate activities that met the diverse needs of all people using the service.

We saw that people's weights, food and fluid intake, was closely monitored and followed up with people's GP's and hospital specialist services as required. We found that people had access to healthcare advice and support, such as dieticians, physiotherapists, opticians and psychology services in meeting their physical and mental health needs.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. Since our last inspection we saw that improvements to the property had included the provision of new beds, bedroom furniture and redecoration of some bedrooms and communal areas.

We also saw that the fixed electric and fire alarm systems had been upgraded and new laundry equipment had been provided. In addition we saw that new fencing had been erected to the rear garden to give people more privacy and provide a pleasant, secure outdoor space.

Environmental risk assessments were undertaken regarding the safety and suitability of the premises. We saw that procedures were in place to routinely check the emergency lighting system, water temperatures and the prevention and control of Legionella. We also saw that emergency procedures were in place in the event of any electricity, water or gas supply failures.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The provider operated effective recruitment procedures in order to ensure people employed at Lathbury Manor Care Home were of good character and had the qualifications, skills and experience necessary to do their job.

We looked at the recruitment files for two newly recruited members of staff. We found checks had been carried out with the Criminal Records Bureau (CRB) through the Disclosure and Barring Service (DBS). We also saw that written references were obtained from previous employers and identity checks were carried out to verify the staff's employment history and qualifications.

This meant the provider had done everything practicable to ensure they recruited staff that were legally entitled to work in the United Kingdom, were of good character, suitably qualified, and physically and mentally suited to their job.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw that regular quality monitoring checks were carried out. For example, checks on the medication storage and administration systems, care plans and risk assessments, accident and incident monitoring and checks on the building maintenance 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.

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 that overall people were pleased with the service provided at Lathbury Manor Care Home.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We saw that records in relation to care and treatment of people using the service and the management of the service were held on a computerised system; they were fit for purpose and could be located promptly.

We saw that pre assessment records were used to plan people's care, treatment and support. This ensured people received the right care and treatment to meet their needs and their rights and best interests were protected.

Personal records, including medical records were held securely and confidentiality was maintained. We saw that people's care plans and risk assessments were reviewed and updated as soon as was practical.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – 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.

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**Moderate impact** – 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.

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**Major impact** – 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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