

Mentaur Limited

Hérons Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- The service is in a residential area of Market Harborough, close to the town centre.
- The service provides accommodation and personal care to people with learning disabilities and autism, people with mental health needs and younger people. The care home can accommodate 10 people in one adapted building. At the time of our inspection there were seven people using the service.
- This is one of 10 locations that the provider operates.

People's experience of using this service:

- The service did not comprehensively provide a safe service. It continued to provide, compassionate and well-led care.
- People liked living at the service.
- There was a homely atmosphere and the staff enjoyed caring for people.
- People were largely protected against abuse, neglect and discrimination. However, not all staff were not aware of how to ensure people's safety or how to act when necessary to prevent any harm.
- Staff knew people well. They had developed good relationships with people. People enjoyed the presence and attention from staff.
- People were assisted to have choice and control of their lives. However, the quiet lounge was locked, acting as a barrier to people freely using this room.
- People had a say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- Appropriate governance processes were in place to ensure quality care.
- The service met the characteristics for a rating of "good" in key questions except Safe.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "good". Our last report was published on 16 June 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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 not always safe.	Requires Improvement ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Hérons Lodge

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with learning disabilities and autism.

Service and service type:

- Herons Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Herons Lodge has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visits occurred on 28 and 31 December 2018.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with one person living in the service and four relatives. Because of communication difficulties, we were not able to speak with other people living in the service. Instead, we observed life in the home and the quality of relationships between people and staff.
- We spoke with the registered manager, the quality and compliance manager and three care workers.
- We reviewed two people's care records, two staff personnel files, six medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Requires improvement. 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.

Systems and processes:

- Not all staff were aware of whistleblowing if the provider had not acted. The compliance manager said this would be followed up with staff.
- A person living in the service and relatives told us people were safe. One person told us, "I'm not really frightened. If I was worried I would talk to [registered manager]. A relative said, "My relative ...is very safe and very happy. Another relative said, "My relative is very safe. There was a recent incident and staff were brilliant because they kept everyone safe. "
- Staff knew how to recognise signs of abuse and act on these, including referring any incidents to the management of the home.
- There was a safeguarding policy in place, which was up to date. Staff were required to read the policy and understand the content.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management:

- People had ongoing risk assessment which covered several areas. For example, risk assessments covered behaviour that challenged the service and malnutrition. However, risk assessments did not always contain sufficient detail such as how to ensure safety when a person was identified as potentially unsafe when in a car. The compliance manager stated all people's risk assessments would be reviewed to ensure they were comprehensive.
- People had pre-admission assessments before they moved in the service. This meant the service knew that they could cater for person's care needs and the environment was suitable.
- Risk assessments were updated monthly or more often, when needed.
- Premises risk assessments and health and safety assessments were completed.

Staffing levels and recruitment:

- We observed that people's needs were attended to in a timely way.
- Staff and relatives said there were sufficient staff deployed to keep people safe.
- We checked two staff personnel files. They contained all the necessary checks and documents to ensure fit and proper persons were employed. However, for one staff file, a reference was not included from previous care employment which meant this relevant information had not been taken account of in deciding whether they were safe to work with people. The compliance manager said this issue would be followed up with the HR department.

Using medicines safely:

- A relative told us, "There hasn't been any issue with the medication [name of relative] takes."
- Staff had initial training in medicines safety during their induction.
- The local pharmacy provided support and advice as needed.
- There were protocols in place for 'as required' (PRN) medicines such as paracetamol.
- Audits of balances of medicines took place to check they had been properly supplied.

Preventing and controlling infection:

- A cleaner was employed but was on long-term absence. They had not been covered. This meant staff were expected to carry out regular cleaning. The compliance manager said this issue would be reviewed to ensure a person was employed to carry out domestic duties.
- The service was generally clean though there were marks on a bathroom and shower floor.
- A relative said, "The place is clean and tidy."
- Staff had received training in infection prevention and control.
- Staff had access to personal protective equipment such as disposable gloves and aprons. We saw them wearing them, except in one instance where disposable gloves had not been worn by one staff when preparing food. The compliance manager said this would be followed up.

Learning lessons when things go wrong:

- Accidents and incidents were reported when necessary.
- The forms allowed the recording of relevant notes by the registered manager or provider.
- There were no regular themes or trends in the accidents recorded.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's preferences, likes and dislikes were assessed and recorded.
- People's past life histories and social life were included in their care plans.
- People were also asked regularly what changes they might have to their preference. For example, people were asked what they wanted to eat for the week ahead.
- Staff could explain the people's preferences on what they like to do.

Staff skills, knowledge and experience:

- A relative told us staff were well-trained; "The staff are well trained and we haven't seen anything that has made us worry."
- Staff had training and supervision sessions with managers to ensure they had the right knowledge and skills to carry out their roles. Some training had not been provided for some staff. For example, training on infection control, learning disabilities and epilepsy. The compliance manager said this would be provided in the near future.
- Staff training included safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA), medicines, health and safety, infection prevention, behaviours that challenge, nutrition, fire safety and equality.
- There was annual refresher of training.
- Staff training records reflected the information provided by the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet:

- A relative said, "There is plenty to eat and drink."
- We saw one person was at risk of losing weight. Staff were aware they had to be vigilant in ensuring the person was eating to maintain their weight.
- There were appropriate risk assessments and care plans in place for nutrition and hydration.
- Referrals to a speech and language therapist (SALT) were made when necessary.
- People were provided with a diet appropriate for their culture.

Staff providing consistent, effective, timely care within and across organisations:

- There was continued evidence that the staff and management worked with community organisations.
- The service ensured joined up working with other agencies and professionals to ensure people received effective care.

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

- A relative said, "The environment is nice."
- The service was a converted building not originally designed as a care home. There were two floors

accessed by stairs.

- There was a garden but this contained objects such as boxes and turned up chairs. The compliance manager stated after the inspection visit that this had been sorted out.
- The premises were homely, and pleasantly decorated. People enjoyed sitting in the communal lounge.
- People's rooms were individually decorated to their preferences. Bedrooms included objects of people's cultural backgrounds.
- Some areas of the home required improvement. This included uneven flooring in a bedroom. The compliance manager said she was in the process of obtaining quotes for building works to rectify this. The timescale for these works to commence was February 2019.

Supporting people to live healthier lives, access healthcare services and support

- Relatives said there were no problems with the service supporting people with their health care needs. A relative said, "Staff contact me if [name of person] is unwell." Another relative said, "The GP visits there or they (staff) take [name of person] to visit them. I don't have to sort out the opticians or the dentist. Staff do that."
- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment. This was clear from the record of appointments in care information.
- People were assisted with access to appointments with external professionals such as GPs and psychiatrists.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We saw staff asked one person for their consent for staff to help them.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Not all staff were aware of conditions of DoLS. The compliance manager said staff would be reminded of this information.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives gave positive feedback about the care and support received. They felt staff were kind, friendly and attentive to people's needs. A person said that they enjoyed living in the service; "Yes, I like it here." Relatives thought the staff were caring. One relative said, "The care is very good if my relative gets stressed they (staff) find something that will take the stress away."
- People's independence was encouraged, promoted and maintained. Staff said that people were encouraged to make drinks, make meals and complete their own personal care when able.

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

- People were involved in meetings about where they lived.
- Topics in the meetings covered activities and mealtime choices. One person told us they that they had chosen their own decoration scheme in their room and that they have choices regarding what to eat.
- People and families had the opportunity to be involved in their care planning and reviews.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Documents were locked away to prevent unauthorised access to personal information.
- People were addressed by their preferred names.
- Staff said they knocked on bedroom doors and asked before they entered. A relative said, "They respect [family member] privacy and dignity because they wait outside the bathroom until they are finished." There was polite, professional and friendly communication between staff and people. This encouraged people to develop and maintain positive emotions.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- Care plans recorded that the service identified and recorded communication issues.
- Care information explained what communication aids such as glasses people required as part of their daily lives.
- Food pictures were available although these images were not sharply defined. The compliance manager said this issue would be followed up.
- The use of photographs and pictures were displayed around the building. There were some important documents pinned to walls where versions were not provided in an easy-read format. For example, the complaints process was only partially presented in an easy read format or with large font. The compliance manager was informed so they could source accessible versions of the complaints process.

Personalised care:

- People continued to receive personalised care.

The service gathered all the information from the pre-admission assessment, likes and dislikes forms, past hobbies, interests, church or religious information. The care plan was then drawn up from this information. A relative confirmed that their family member's needs were assessed before they came into the service: "They (staff) visited the hospital and did their assessment."

People were assigned keyworkers. Key workers are care workers who work closely with an individual to help identify their needs.

- People were encouraged to express all their views and care plans were updated as needed.
- Changes to care plans were also informed by any information from health and social care professionals.
- Care plans contained detailed information that staff could follow to provide responsive care.

Social life and recreation:

- People had the opportunity to pursue an active lifestyle. They went to a day centre during the week.
- Staff responded to people's needs. For example, a person was asked if they would like the remote control within easy reach. A staff member supported a person to their car where they liked to sit and operate the vehicles controls whilst stationary.
- Relatives said activities were provided. There was comment that people would benefit from having more outside activities such as going to discos and day trips. The compliance manager said this would be followed up. One relative said, "Carers are brilliant and involve the residents in activities. [Family member] chooses what to do and loves the day centre and shopping." • A staff member led a singing game which was

enjoyed by people. DVDs were played and some people sang along to them.

Improving care quality in response to complaints or concerns:

- Relatives said they knew how to complain. One relative said, "They [the service] are open and honest."
- There was a complaints management system in place, with a complaint book and complaints form. Complaints were recorded and there was a recorded resolution in place. However, there was no written feedback to complainants. The compliance manager said this issue would be followed up.
- Complaints signage was in place. There was a complaints procedure displayed in people's bedrooms.
- We had not received information of concern or whistle-blowing allegations.

End of life care and support:

- Plans were in place for people's end of life care. A relative said, "They [management] are looking into end-of-life wishes. "
- There was a system to record people's end of life preferences.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- A registered manager was in post who was knowledgeable, experienced and capable of ensuring good quality care for people.
- Relatives said that it was a well-run service. One relative said, "The registered manager keeps me informed and rings me to keep me up to date." Another relative told us, "They do ask me about my opinions and they (staff) do listen to me. If there is a problem I will intervene. I rate the registered manager highly ...It's a lovely home. Herons Lodge is well led and managed. They send me questionnaires to fill in. The staff are second to none."

The provider understood the duty of candour responsibility when things went wrong:

- The service had correctly displayed our prior inspection rating conspicuously in the building and on their website.
- The registered manager was aware of the need to send us statutory notifications when things like DoLS were granted.
- The service submitted all other relevant statutory notifications to us. This ensured we could effectively monitor the service between our inspections.
- The service had an appropriate statement of purpose. This set out the aims, objectives and ethos of the service.
- A range of quality checks was used by the service to measure safety, people's welfare and the success of care.
- Checks included medication, staffing issues, and protecting people's health and safety.

Engaging and involving people using the service, the public and staff:

- There was a positive workplace culture at the service. Staff worked well together to provide a quality service to people.
- There were regular staff meetings. Staff said they could speak about people's care, operational issues, personnel matters or any other business.
- A "service user/family" survey was completed in 2018 to gain people's and relatives' feedback about the quality of the service and care.
- There was positive feedback from respondents.

Continuous learning and improving care:

- Action plans were used to track any improvements required and to record the date of completion or any outstanding actions.
- There were a variety of action plans relating to relevant aspects of the service's governance.

- There was evidence of acting on issues when they arose or if the provider was informed. For example, on fire and medication issues.

Working in partnership with others:

- The service worked with local community stakeholders.
- Examples included people attending day centres and going to café's and pubs.
- This prevented social isolation and promoted social inclusion into the community.