

Mentaur Limited

Lotus House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection took place on 14 April 2016 and was unannounced.

Lotus House provides care and support for up to seven people with a learning disability. There were seven people living at the service when we visited.

The service did not have a registered manager, but a manager was in place who was going through the registration process. 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.

Staff had been trained to recognise signs of potential abuse and to keep people safe. People felt safe living at the service. Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service. There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with essential training to keep their skills up to date and were supported with regular supervision from the manager. People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink and to maintain a balanced diet. They were registered with a GP. If required staff supported people to access other healthcare facilities.

Positive and caring relationships had been developed between people and staff. The service had processes in place to ensure that people's views were acted on. People were encouraged to maintain their independence and staff supported them to promote their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met. There was a complaints procedure in place to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service; and good leadership and management were demonstrated. This inspired staff to provide a quality service. The quality monitoring systems and processes were used effectively to drive future improvements and to identify where action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk managements plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs safely.

People were supported by staff to take their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people were supported to access other healthcare facilities.

Is the service caring?

Good ●

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people's privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive
People received care that was appropriate to their needs.

People's needs were assessed prior them coming to live at the service

Information on how to raise a concern or complaint was available to people.

Is the service well-led?

Good ●

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service inspired staff to deliver a quality service.

The service had quality assurance systems in place which were used to good effect.

Lotus House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

The inspection was unannounced and was carried out on 14 April 2016 by one inspector and an expert by an experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service. Our expert by experience had experience of caring for someone living with a learning disability.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We spoke with six people who lived at the service and two relatives. We also spoke with three support workers, one senior support worker the operations manager and the manager.

We looked at two people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People told us they felt safe living at Lotus House and knew what to do if they were worried or had any concerns. One person said, "Yes, I feel safe here and I am happy, I would go to head office and complain if I wasn't safe here." Another person said, "Yes, it's safe here staff lock the doors and windows at nights to keep us safe." Relatives told us that they felt their family members were safe living at Lotus House. One relative said, "Yes, I believe [name of person] is safe and there are no restrictions and he is happy." Another relative said, "Yes, [name of person] is safe. He is complicated and likes his own space with no furniture in his bedroom. Staff have adapted everything to make him safe."

Staff told us they had been provided with safeguarding training. We found they had a good understanding of the different types of abuse that people could experience. Staff were confident if they reported an incident of abuse the manager would take the appropriate action. We saw there was a safeguarding poster displayed in the service with telephone numbers of the different agencies who staff and people could contact in the event of suspected abuse or poor practice.

The manager told us that safeguarding was a regular agenda item at staff meetings and residents' meetings; and during one to one supervision. We saw evidence that staff knowledge on safeguarding was regularly updated. We saw minutes from meetings and training records which confirmed this. Evidence seen confirmed that safeguarding concerns were raised with the local authority for investigation when required.

There were individual risk management plans in place to protect and promote people's safety inside and outside the service. Staff and the manager told us that risks to people's safety had been assessed. These included risks associated with handling money, accessing the community and for the various activities that people undertook inside and outside the service. Where risks had been identified measures had been put in place to minimise the risk of harm to people. We saw evidence that the risk management plans were reviewed on a three-monthly basis or if people's needs changed.

There were arrangements in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people's safety. The manager told us that staff were required to report maintenance issues. She also told us that there was a maintenance plan in place to ensure that the premises were appropriately maintained. We saw that some maintenance work had taken place. For example, external window sills had been replaced and one of the bath tubs had been replaced. We were told that maintenance work was ongoing and areas of the service were due to be refurbished. We saw regular checks on the gas and electrical equipment was carried out to ensure they were fit for use. The fire panel was checked on a regular basis and there was a Personal Emergency Evacuation Plan (PEEP) for each person who lived at the service. This was to aid staff and the emergency services in the event of an evacuation. We saw there was a contingency plan in place which provided guidance for staff on the action to take in the event of an emergency such as, in the event of a fire, electrical and gas failure and adverse weather conditions. There was always a senior manager on call to provide advice and support to staff if required.

Staff told us that the staffing numbers were sufficient to meet people's needs and to promote their safety. The manager explained that the staffing numbers were based on people's individual needs. A special tool was used to assess people's dependency levels and the number of staff that were needed to meet their needs. We saw that the daily staffing numbers were four staff throughout the day. The numbers were reduced at nights to one waking staff. We looked at the staff rota for the current week and following three weeks and found that it reflected the appropriate staffing numbers.

The manager was able to describe the service's recruitment process. She told us that the organisation operated a two tier interview process. Potential staff members were interviewed under the first tier process by the organisation's human resource officer. If found to be suitable a second interview would take place with the manager. We were told that staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. People told us they received their medicines at the prescribed times. One person said, "The staff give me my medicines twice a day." Staff told us that they had been trained in the safe handling of medicines and training was regularly updated. We saw evidence to support this.

We saw medicines were dispensed in monitored dosage systems and were stored appropriately. There was an audit trail of all medicines entering and leaving the service. Weekly and monthly audits were taking place. Daily temperature checks of the room where medicines were stored were undertaken to maintain their conditions. We checked the Medication Administration Record (MAR) sheets and found the sheets had been fully completed. We checked a sample of medicines and found that the stock levels and records were in good order. When medicines were prescribed to be administered PRN, (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines), there was a protocol in place for staff to follow. Any administration of PRN medicines had to be authorised by a senior manager. This ensured that medicines were administered safely and in line with best practice. Each person had a medication profile in place, which included a photograph and a list of all medicines they had been prescribed including their side effects. This ensured staff had a good understanding of people's prescribed medicines.

Is the service effective?

Our findings

Relatives told us that staff had the right skills and knowledge to carry out their roles and responsibilities. One relative said, "The staff appear to be trained and have the right skills." Another relative said, "Yes, staff have the right skills they look after [name of person] well." Staff told us they had received training to enable them to carry out their roles and responsibilities appropriately. From our observations we found that people received care from staff who had the necessary skills and were knowledgeable about their needs.

Staff told us they had received induction and ongoing training. One staff member said, "I am new here and doing my induction training. It's been good so far. I think I am going to like working here." The manager told us that new staff undertook two week induction training. This included familiarising themselves with the service's policies and procedures and people's care plans. They were also expected to shadow experienced staff members until they felt confident. In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, autism awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence, which demonstrated that the staff team had completed essential training as well as updates. We found there was a mixture of face to face and e-learning training which was on-going. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

There was a supervision framework in place and staff told us they received regular supervision which enabled them to discuss their training needs as well as the needs of the people who used the service. The manager told us that staff received six-weekly supervision. We saw written evidence that demonstrated staff were provided with regular supervision. There was a supervision planner in place which showed future supervision dates.

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff told us they had been provided with training and had a good understanding of MCA and DoLS.

We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interest decision meetings when required. Three people who used the service were subject to a DoLS. Documentation seen confirmed that these had been approved in line with the current legislations.

Consent to care and support was gained by staff. One staff member said, "I always ask the residents if it is okay to support them and explain what I am going to do." The manager told us that people signed consent forms to agree to be supported with their needs. In the support plans we looked at we saw consent agreement forms had been signed. Throughout the inspection we observed staff gaining people's permission before assisting them with support.

People told us that staff supported them with their meals. One person said, "We are given choices on what to eat. I like co-co pops so I had them for breakfast this morning. I also had fresh fruit." Staff told us that they discussed menu plans with people on a weekly basis. People chose what they wished to eat and staff would take them shopping to purchase the items. Once a week a social mealtime gathering was encouraged at the service. People were able to order a take away of their choice and eat together if they wanted to. We observed the evening meal which was carried out in a relaxed and unrushed manner. We found if there was risk to people's eating and drinking specialist advice was sought. People with allergies were catered for. People had access to the dietician and speech and language team.

People were supported to maintain good health and to access health care facilities. Staff and the manager told us that people were registered with a GP who they visited as and when needed. People were also supported with regular dental, chiropody and optical appointments and annual health checks. We saw people had health plans and hospital passports. In addition each person had a sheet which was called 'a grab sheet.' It contained information on people's prescribed medicines and their personal details, which staff would take with them in the event of an emergency admission to hospital. This ensured continuity of their health needs and well-being. If people's health conditions changed they were supported by staff to access support from a specialist medical unit in the area.

Is the service caring?

Our findings

People and their relatives told us they had developed positive and caring relationships with staff. One person said, "The staff are kind and caring, they look after me." Another person said, "Yes, staff are nice to me." One relative commented, "Absolutely, staff are caring; and yes they are kind." We observed that staff treated people with kindness and compassion. When speaking with people they kept appropriate eye contact. Staff included them in conversations and they looked at ease in the company of staff.

We observed staff enabling people to make choices. For example, on the day of the inspection, a person initially said they did not wish to go to the day centre; however, they later changed their mind. Staff respected their wishes and made arrangements for the transport to return to the service to take them there. Throughout the inspection we observed people approaching staff for reassurance and this was given in a sensitive manner.

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. One staff member said, "I have been working with the clients for a long time; and can detect if there are changes to their behaviours." The staff member further commented and said, "We monitor the clients closely to identify what causes their behaviour to change and report it so they can get the required support." We observed during the staff handover information relating to people's well-being was passed on to staff. This ensured the care given by staff was consistent and person-centred.

Staff told us that the weekly one to one meetings and monthly group meetings were used to enable people to express their views and for them to say what support they needed. The manager was able to demonstrate how the service ensured that people mattered. She told us people were listened to and issues raised were addressed. We found that people were involved in decisions relating to their care and support needs. For example, during one to one meetings people's support plans were discussed with them and they were provided with the opportunity to amend the plan if they disagreed with anything that had been recorded. People were also enabled to discuss their preferred choice of activities, holidays and outings they wished to go on at these meetings. On the day of the inspection people chose to attend a disco. Staff supported them with choosing the appropriate attire to wear.

The manager told us that one person was using the services of an advocate. (An advocate supports people to say what they want, secure their rights, represent their interests and obtain the services they need.) We observed there was information displayed on the notice board to inform people on how to access the services of an advocate.

Staff told us how they ensured people's privacy and dignity was respected and promoted. One staff member said, "We address the clients by their preferred name." Another staff member said, "The clients have been issued with keys for their bedrooms to promote their privacy." We saw evidence that staff had been provided with training in privacy and dignity during their induction training. This enabled them to be aware of how to promote people's privacy and dignity.

We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy which staff had to adhere to. The manager told us that information about people was shared on a need to know basis. We observed people's support plans were kept securely and the computer was password protected. The staff handover took place in private to promote confidentiality.

Staff told us that people were given the privacy they needed. All bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. People were supported by staff to personalise their bedrooms. This ensured their individual choices and preferences were met.

People told us that family and friends were able to visit without restrictions. One person said, "My mum and dad visit me." Staff told us that there were no restrictions on visiting and visitors were made to feel welcome.

Is the service responsive?

Our findings

People and their relatives told us they were involved in the development of their support plans. One relative said, "I am invited to all [name of person] reviews." Another relative said, "Yes, I am invited to all of my [name of person] reviews and the staff always inform me if there are any changes to her needs."

The manager and operations manager told us that people's needs were assessed before coming to live at the service. They explained that information was obtained from people, their relatives and other support agencies involved in their care needs. Information gathered at the assessment process was used to inform the support plan. We were told people were provided with a transition period. This enabled them to spend weekends, or overnight stays to get a feel for the place before moving in on a permanent basis; and to ensure that they were compatible with the existing people who lived at the service.

We saw evidence that people's choices on how they wished to be supported were included in their support plans. Information relating to their independence, health and welfare was also recorded in the plans. The support plans seen were personalised and contained information on people's varying levels of need, their preferences, and histories. We saw evidence that the plans were evaluated on a monthly basis with their key workers. A yearly review of their assessed needs was carried out. This involved their family members, key workers and social workers. This enabled people to have the opportunity to discuss any concerns they may have about their care and support needs. We saw evidence that people's life skills were assessed annually. Where areas were identified as requiring further support staff worked with people to achieve this.

People told us they were supported by staff to follow their interests and to take part in social activities that they wished to participate in. We found people had individual activity plans and attended a day centre and activities of their choice outside the service. This included yoga, trampolining, arts and crafts, bowling; going for walks, to the cinema and playing football. This showed staff supported people to be part of the local community.

People and their relatives told us that they were aware of how to raise a complaint. A relative said, "I know how to raise a complaint but I have never had the need to raise one. My [name of person] gets everything she needs". We saw the service's complaints procedure was displayed in an appropriate format in the service to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. We saw that the service had not received any recent complaints. The manager told us that complaints would be used to improve on the quality of the care provided.

The manager and operations manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. They told us that surveys were sent out annually to people and their relatives. They were analysed and areas identified as requiring attention were addressed.

Is the service well-led?

Our findings

People and their relatives told us that there was a positive, open and inclusive culture at the service. One relative said, "The service is well-managed. The manager always listens to what I have to say about my [name of person] care and makes me aware if there are any changes to their needs." Staff told us that the manager was approachable. One staff member said, "I am new here. I find the manager to be approachable and knowledgeable about the clients. She has taught me a lot."

Staff told us regular group and one to one meetings were held. During these meetings the manager updated them with any changes that were occurring in the service. They told us that one to one meetings were used to assess and monitor their learning needs; and they were provided with feedback about their performance. We saw minutes from meetings held to support this.

Staff were aware of the provider's whistleblowing procedure. They told us they had been provided with whistleblowing training and that it was a regular agenda item at staff meetings. Staff were confident if they reported poor practice they would be supported by the manager and the concern raised would be appropriately investigated and in line with the provider's procedure.

The manager told us that the service's values and mission statement on how people should be supported were kept under regular review and discussed at staff meetings. Staff showed an awareness of the service's values and their responsibilities. They were confident that people received quality care; and were supported to maintain their independence. Staff told us they took ownership for their actions. One staff member said, "The shift leaders allocate daily work sheets. We sign them when all tasks have been completed." This showed staff were accountable for their actions.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, "The manager is a role model to the team. She is always helping us to improve." Another staff member said, "I enjoy coming to work. The manager works with us and has an understanding of our roles and responsibilities. This inspires us to deliver a quality service." During our inspection we observed the manager working on the floor and was very hands on.

Systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the provider reported incidents. We also saw evidence that accidents and incidents were recorded and analysed for identified trends. If required, measures were put in place to manage risks.

There were systems in place to monitor the quality of the care provided. The manager told us that monthly health and safety, medication, care plans and infection control audits were undertaken. We saw a monitoring quality assurance check list was completed monthly. Where areas requiring attention were identified, action plans had been put in place to support how the improvements would be made.