

Mentaur Limited

Hérons Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The service provides accommodation and personal care to people with a learning disability and or autism and people with mental health needs. The care home can accommodate 10 people in one adapted building. At the time of our inspection, there were 7 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right support: Guidance to support staff on how to mitigate known risks were not consistently followed. Incidents were not analysed to identify themes, patterns and learning opportunities. Staff were aware of safeguarding procedures but had not always acted when they had concerns. Medicines best practice guidance was not consistently followed. The environment was clean and hygienic.

Right care: There was not enough staff deployed to meet people's individual care, support needs and safety. This impacted on people's opportunities to lead active and fulfilling lives. Overall, observations of staff engagement with people were positive, kind and caring. Relatives spoke highly of the caring approach of staff.

Right Culture: The provider's systems, processes and oversight to monitor quality and safety were found to be ineffective. Staff had received limited training for working with autistic people and people who have a learning disability. Staff had not completed mental health training. Staff received opportunities to discuss their work but supervision meetings had not been completed at the frequency the provider expected.

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

Rating at last inspection

The last rating for this service was Good (published 24 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Herons Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staffing and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and local authority to monitor progress of the improvements required. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our well-led findings below.

Inadequate ●

Hérons Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Hérons Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Herons Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last

inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 relatives for their experience of the care their family member received. We spent time in the company of people and observed staff interactions with people to help us understand people's experience of the service they received. We spoke with the registered manager, operations manager and 1 support worker.

Following our site visit, we spoke to a further 5 support workers. We reviewed a range of records. This included 3 care records, 3 staff files in relation to recruitment, multiple medication records. We also looked at a variety of records relating to the management of the service, including audits, staff training, meeting records and staff deployment.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant 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.

Staffing and recruitment

- The provider did not ensure there were sufficient numbers of suitable staff.
- The provider's dependency tool used to determine staff deployment needs, had not accurately assessed people's individual care and support needs. This meant there was not enough staff to support people. This put people at increased risk of harm.
- Staffing levels were not safe and did not fully support people's routines, preferences and enabled them to lead active and fulfilling lives.
- Relatives feedback about staffing levels was limited. However, 1 relative told us, "I raised a concern last year with the provider about night staffing levels, but no action was taken."
- The provider did not always operate safe recruitment processes.
- Staff recruitment checks were not robust. We identified over a 2 year delay in seeking a staff member's work reference. Identity checks were completed. However, photographs of staff were missing, and copies of ID documents had not been dated and signed to confirm originals were seen. These shortfalls had not been identified by the provider's internal checks, and meant people were put at increased risk of harm. We have reported on this under the Well-led section of this report.

The provider had failed to ensure there were sufficient numbers of staff deployed to safely meet people's individual needs. This was a breach of regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not always safeguarded from abuse and avoidable harm.
- Staff had received safeguarding training and told us of their responsibilities to protect people from abuse and avoidable harm. However, staff raised concerns about people's lack of choice of when they went to bed and got up. This indicated institutional abuse. We shared these concerns with the management team who agreed to complete an investigation. We also reported these concerns to the local authority safeguarding team.
- Relatives told us they believed their family member was cared for safely. A relative said, "Nothing could be better, staff are wonderful, I can't speak highly enough of them, and I have no concerns about the care or safety."

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to

mitigate any identified risks.

- A person's risk associated with choking had been assessed and staff had guidance of actions to manage this risk. Guidance included, keeping the kitchen locked and supporting the person to access the kitchen with staff support. We observed the kitchen unlocked throughout our inspection and the person alone in the kitchen. This put the person at increased risk of harm.
- Another person had risks in relation to their mobility support needs. An external physiotherapist had advised 2 staff were required to safely support the person to use their mobility walker. However, throughout our inspection 1 staff member was observed to provide support. This put the person at risk of harm.
- Our observations of moving and handling techniques found staff using unsafe practice, such as holding / guiding people by holding their upper arm and under armpits. We raised this with the management team who agreed to provide further moving and handling training.
- Risks were identified to the external garden. Patio slabs were uneven and there were large rocks holding down a covering for the patio table and chairs which were trip hazards.
- Night fire drills had not been completed to ensure staff working alone could safely evacuate people. Personal emergency evacuation plans to guide staff of how to safely support people were not easily available, sufficient detailed or up to date. This may have impacted safe evacuation of people. We reported this to the fire and rescue service.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- One person had their prescribed medicines administered in a yogurt, whilst this method of administration had been authorised by the GP, it had not been discussed with a pharmacist. This is important to ensure this method would not impact on the effectiveness of the medicine.
- Guidance for staff was not always in place. For example, when to administer medicines prescribed 'when required' (PRN), for anxiety and periods of emotional distress, provided limited guidance of when, why and how to administer. This is important information to ensure it is provided safely and as a last resort. We also found prescribed topical creams did not have a body map to show the site of application so that staff were consistently applying this correctly.
- Staff medicine administration competency check documents had not been consistently completed. We were therefore not fully assured staff's competency had been assessed.

Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong.
- Analysis of incidents and records used to monitor people's emotional needs and behaviours had not been analysed for themes, patterns and learning. This meant there was a risk of repeated incidents reoccurring without learning or improvement. We have reported on this under the Well-led section of this report.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The environment was overall clean and hygienic.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider had failed to effectively monitor staff training needs. Training in learning disability and autism was limited, however, after raising this the management team arranged additional training. Staff had not received training in mental health awareness despite some people living with mental health needs. This put people at risk of staff not fully understanding their needs.
- Gaps were identified in staff refresher training and action was taken to address after we raised it with the management team. This lack of oversight put staff at risk of not being up to date with best practice guidance and therefore not providing effective care.
- Staff confirmed they received an induction and opportunities to discuss their work, training and development needs. However, the supervision record showed staff had not received supervision at the frequency the registered manager advised was expected.

The provider had failed to ensure sufficient were sufficiently trained, competent and supported. This was a breach of regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed, care and support was not always delivered in line with current standards. People did not always achieve effective outcomes.
- Pre-admission assessments had not consistently been completed. When we asked to review a person's pre-assessment document, the management team advised they had visited the person before moving to the service, but provided a costings document. Information provided by the funding authority, was based on a review meeting at the previous placement 3 months prior to the person moving to the service. A lack of up to date information put the person at increased risk of receiving inconsistent or unsafe care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was not always working in line with the Mental Capacity Act.

- Mental capacity assessments and best interest decisions had been completed for some aspects of care people were unable to consent to. However, from speaking with staff we were not sufficiently assured how decisions in relation to aspects of personal care delivery had been made.
- Support plans in relation to DoLS authorisations were not in place. Whilst we found staff were aware of the principles of MCA and DoLS, they were not fully aware of who had an authorisation and if a person had any conditions. This is important information to ensure people are legally protected.
- Relatives told us they were involved in discussions and decisions about their family members care and support.

Staff working with other agencies to provide consistent, effective, timely care

- The provider did not always ensure the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Recommendations made by external professionals were not consistently followed as reported in the Safe key question.
- Procedures were in place to share information with others such as ambulance and hospital staff to support a person with their ongoing care.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People received sufficient to eat and drink. We saw people were offered choices of meals and drinks. People's food and fluid intake and weight was monitored.
- Food stocks were good and managed safely.

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

- People were supported to live healthier lives, access healthcare services and support.
- Care records confirmed people's health needs were monitored and people received support to access health services such as the GP, psychiatrist, speech and language therapists and physiotherapists.
- Relatives confirmed they were confident how staff supported people with their health needs.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- People's bedrooms were personalised. People had access to all parts of the service. Plans were in place for some bedrooms and parts of the service to be redecorated.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have a fully effective management structure. The provider's governance system did not always effectively monitor the quality and safety of care provided to drive improvements.
- There was insufficient leadership to ensure the safe and effective running of the service. The systems and processes used to assess, monitor and mitigate risks were not robust. The shortfalls in the fundamental care standards we identified during our inspection and evidenced in this report had not been identified by the provider's audits and checks. This increased the risk of people continuing to experience unsafe or inconsistent care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not always a positive and open culture at the service.
- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- A closed staff culture had developed at the service. Staff had raised concerns about staff deployment, but no action had been taken by the provider. Concerns were identified during the inspection about how people's morning and evening routines and preferences were respected. Staffing levels had a negative impact on people achieving positive outcomes.
- We found our policy on regulating providers that support autistic people and people with a learning disability; Right support, Right care and Right culture was not being complied with and therefore did not fully promote people to have choice and control over their lives.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- Incident and monitoring records had not been analysed for themes, patterns and learning to support any learning.
- Staff competency checks, training and opportunities for staff to discuss their work, training and development showed gaps. This increased the risk of people receiving unsafe and inconsistent care and support.

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

characteristics

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- Staff were not fully engaged in the development of the service. Concerns raised about staff deployment had not been listened to or acted upon.
- Staff met with people and supported them to share their experience of the service they received and activities they wished to do. However, meeting records did not show how staff supported people with their communication preferences and needs to share their experience and make informed decisions.

Working in partnership with others

The provider did not always work in partnership with others.

- Recommendations made by external healthcare professionals were not always followed. This is reported in the Safe key question.

Systems and processes were not effective to assess, monitor and mitigate risk or to assess, monitor and improve the quality of the service. This was a breach of regulation 17(1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour.

- Relatives told us communication with staff was good and they were informed of accident's and incidents that occurred.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure the systems and processes used to assess, monitor and mitigate risks were effective. Regulation 17 (1)

The enforcement action we took:

Warning Notice issued 20 October 2023

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of suitable qualified and competent, skilled staff to safely met people's needs. Regulation 18 (1)

The enforcement action we took:

Warning Notice issued 20 October 2023