

# Mentaur Limited

# The Avenue

## Inspection report

3 The Avenue  
Bedford  
MK40 1EF

Tel: 07786065258  
Website: [www.mentaur.co.uk](http://www.mentaur.co.uk)

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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

### About the service

The Avenue is a residential care home providing personal care to six younger people who may be autistic or living with a learning disability. The service can support up to six people.

The service had been designed to meet people's specific needs. People had their own bedrooms and access to shared communal areas such as a garden, a kitchen, bathrooms and a conservatory area.

### People's experience of using this service and what we found

People and their relatives were very positive about the support they or their family member received. One relative told us, "The key to this service being so good is that is open to working with people living there- they understand [family member] is not a service user- he is my family member and they treat him as such. They are not a number and they are cared for as an individual."

People felt safe living at the service and were supported by staff who were trained in safeguarding and who knew how to report any safety concerns. Risks to people were assessed and measures were put in place to mitigate risks as far as possible. There were enough staff to support people safely and ensure all their support needs were met. People were supported safely with their medicines. The service was visibly clean, and measures were taken to help prevent the spread of infection.

The registered manager assessed people's needs before they began using the service. Staff received training and supervision to help ensure they were effective in their job roles. People were supported to follow a healthy and balanced diet. Staff supported people to stay healthy and attend health appointments as and when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care from a staff team who knew them well as individuals. Staff were passionate about supporting people in line with their individual support needs and preferences. People were given choices in all areas of their support and were supported to be as independent as possible. Staff supported people to set and achieve personal goals and ambitions. People were supported to communicate in ways that made sense to them and were supported to follow their preferred social pastimes. People and their relatives had access to a complaint's procedure should they wish to raise any concerns.

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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were given choices in all aspects of their support. They were supported to set personal goals and staff promoted people to be as independent as possible. The service had been designed to support people to be involved and be a part of their local community. The registered manager and staff team were passionate about supporting people to lead their own lives and supported and respected people's decisions. People were treated as individuals by a staff team who knew them well.

The registered manager and provider promoted a positive culture at the service. They empowered staff in their job roles, which led to staff empowering people to achieve their own personal goals. Audits were completed to monitor the quality of the service and actions were taken where improvements were found. People, relatives and the staff team were supported to feed back about the service and felt that their suggestions were listened to by the registered manager. The registered manager and staff team linked with health professionals and the local community to support people to achieve good outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 06/06/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service was registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Avenue

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

The Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the quality and compliance manager, registered

manager, senior support workers and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two relatives via e-mail.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they or their family member were safe living at the service. One person said, "I feel like the staff are here to protect me and keep me safe. If I am worried, they always help me out." A relative told us, "[Family member] is very safe. They like to be busy at night-time and the night staff respect and support this which keeps them safe."
- Staff were trained in safeguarding and had a good understanding of what abuse might look like. Staff new how to report any concerns to organisations such as the local authority or CQC.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people in areas such as going out, cooking and specific support needs such as epilepsy. Plans were put in place to mitigate risks as far as practicable whilst still supporting people to live independently and do what they chose to do.
- Risk assessments were detailed and well understood by the staff team. These were reviewed regularly. Family members comments included, "The staff seem really good and know how to support [family member with support need] and keep him safe." and, "[Staff] are amazing and keep [family member] safe 24 hours a day."
- Staff completed health and safety checks in all areas of the environment including fire safety. One person told us, "[Staff] do fire tests to make sure I know what to do if there is a fire. They help me get out quickly and safely [during fire drills]."

Staffing and recruitment

- People, relatives and staff conformed that there were enough staff to support people safely with all their support needs. Staff changed working patterns and hours to accommodate people's support needs and preferences, such as leaving the service to pursue personal interests.
- One person told us, "There are always staff around to help me when I need it." Relatives comments included, "[Family member] very rarely has to wait for staff. I know that senior management will support them if there are any staffing issues." and, "There are plenty of staff. They even accommodate [family members] specific requests that do not fit in to the rota."
- The provider completed recruitment checks for staff members to ensure that they were suitable for the job roles they were applying for. This meant only suitable staff were employed.

Using medicines safely

- Staff were trained to safely administer people's medicines and had their competency to carry out this task assessed regularly. One person said, "I trust staff completely with all of my medicines." A relative told us, "[Staff] are really good with medicines and even ask me to follow all their protocols when I have [family

member] stay at my house."

- Medicine support plans were clear and detailed, and people had specific protocols in place for as and when required (PRN) medicines which were well understood by staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
  - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The service was fresh and looked clean and staff were aware of extra infection control measures to take to help prevent the spread of infectious diseases such as COVID-19. One person told us, "[Staff] are always cleaning. They help me clean my bedroom and I also help clean the kitchen as well as this is something I like to do."
- Relatives told us that staff took infection control seriously and that they felt very safe with all the measures put in place when they visited the service.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents that happened and discussed these with the staff team. These discussions helped review where risks could be mitigated if things could be done differently to improve outcomes for people in the future.
- Not all incidents were recorded thoroughly. The registered manager told us they would put systems in place to improve how lessons learned could be recorded for future use.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 needs were assessed before they started living at the service. These assessments focused on people's preferences, likes and dislikes. One relative said, "[Family member] does not do change very well. The staff team made them feel very welcome and supported them to understand what was happening in a way that made sense to them. This was excellent and they settled in really quickly."
- The registered manager kept up to date with current guidance and ensured that this was shared with the staff team and implemented into guidelines and policies at the service.

Staff support: induction, training, skills and experience

- Staff were trained in areas relevant to their roles such medicines administration, infection control and supporting autistic people or people living with a learning disability. The registered manager was in the process of sourcing training that staff had requested as they felt this would also benefit them.
- Staff told us they were well supported by the management team and had regular supervisions and competency assessments to ensure they were effectively performing their job roles. New staff received an induction to the service which involved working with more experienced staff to get to know the people they would be supporting.
- One person told us, "I'd say [staff] have the right training. They know what they are doing." A relative said, "[Staff] are well trained. I know that staff from the providers other services often work at The Avenue to learn from the staff there."

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. Staff supported people to be involved in cooking meals which promoted people taking an active role in preparing and cooking healthy food. One person told us, "I love cooking and am quite a good cook. I cook as much as I can myself and staff are in the background if I need any help."
- Relatives were positive about the way that people were supported to maintain a healthy and balanced diet. One relative said, "[Family member] can cook what they want, when they want it and is always keen to show us pictures. Staff are very good at promoting healthy choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as opticians, psychologists and GP's if this support was necessary. One person told us, "I was poorly but [staff] helped me so much and made sure I saw the doctor." One relative said, "The great thing about the service is that they link with [health

professionals] to support my family member. They really care about making sure that they are OK." Another relative explained that she felt so confident with staff at the service, she now trusted them to organise health appointments for their family member. This is something they were not confident to do in the past.

- The registered manager had put support plans in place for when people needed to attend hospital or medical appointments. These gave information to health professionals about how to best communicate and support people if they attended health appointments.
- Staff supported people to stay healthy in areas such as hand hygiene, personal care and eating a balanced diet. These topics were discussed with people on a regular basis.

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

- The service had been designed to meet people's needs and people had personalised their bedrooms based on their preferences and interests. One person said, "My room is my safe space and I have decorated it with all of my favourite things."
- The provider and registered manager fully understood the principles of right support, right care right culture. The service looked very homely and was designed to fit in to the local community. A relative told us, "You would not know it was a service from the look of the place. [Staff] treat is as my family member's home."

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 when this is in their best interests and legally authorised under the MCA. 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 <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.>

- People were given full choice and control over how they spent their time. Staff always sought consent before supporting people with anything they needed. One relative told us, "[Staff] are always polite and ask before supporting [family member] with anything or entering his room."
- Mental capacity assessments and best interest decisions were completed for people if they lacked capacity in certain areas. Some people using the service had a DoLS in place. These were well understood and followed by the staff team.
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were very positive about the care and support provided at the service. People's comments included, "I love it here and get on really well with the staff." and, "[Staff] help me to focus and understand the good in the world and that I can relax and enjoy life." They show me a lot of respect."
- Relatives comments included, "The support from staff has been immeasurable. They are all so caring and empathetic and it is such a relief knowing how well [family member] is cared for" and, "I know what good support looks like and it is exactly what [staff] provide. They are excellent and all deserve a medal."
- Staff treated people with kindness and respect. We observed them speaking with people in a respectful and calm manner and this supported people when they felt upset or anxious. People were visibly happy being supported by the staff team. Staff treated people as individuals and had a good understanding of their specific support needs and preferences.

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

- People were offered choices in their day to day support and were supported to be involved in long term decisions about their care. This was the case in areas such as going out of the service, choosing meals and how they spent their time at home. One person said, "I can choose to do whatever I want. I just have to tell the staff."
- People and their relatives were asked for their views when it came to reviews of support plans and risk assessments. These were recorded and added to support plans. One relative told us, "I am involved in all of the care and support planning. This happens a lot but I know that [staff] talk to [family member] nearly every day to make sure they have their say."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to set goals and ambitions to become more independent and then supported them to work towards these. One person said, "[Staff] are helping me to go shopping again as this is something I have missed doing [during the Covid-19 pandemic]."
- A relative told us "[Staff] are great at supporting my family member to be independent but safe at the same time. They help [family member] with things they need support with and encourage them to do the rest of it by themselves as much as possible." Another relative explained how staff were supporting their family member to leave the service independently, and were working on this at the persons own pace. Another relative explained how staff were supporting their family member to use the telephone independently.
- Staff respected people's privacy and dignity. They were polite and respectful when speaking to people and gave them personal space if this is what the person wanted.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in line with their preferences, likes and dislikes. Staff knew people well as individuals and understood how to support them in their preferred ways.
- People and relatives were positive about the support provided. One person said, "The staff have taken the time to talk to me and get to know me". Relatives comments included, "[Staff] accommodate everything we need. We were unable to [support our family member to do a preferred past time] and the staff team organised and sorted this out within minutes which was excellent." and, "[Staff] know my family member as a person. They took the time to learn everything about them and this has meant a lot to [family member] and to us."
- Support plans and risk assessments were detailed and had a focus on people's preferences and choices as well as their physical support needs. These were well understood by the staff team. One relative said, "Staff are very proactive. They support [family member] with [support need] and the plan in place for this means my family member is supported in the best way."
- Relatives spoke to us about the personalised support that their family members had received during the COVID-19 pandemic. They told us that staff had 'gone above and beyond' in their support for people and had been quick to find extra support for people when they found it difficult to understand COVID-19. This meant their family members felt less anxious when they were unable to see their loved ones or access facilities that they used to frequent.
- People had designated members of staff who were their key workers. They regularly discussed how people felt about their support and any goals or ambitions that they may have and how best to achieve these. One person said, "My key worker is helping me to get back out and about [following COVID-19 restrictions]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways such as using signs or pictures if this helped them to understand what was being spoken about. A person told us, "I use [piece of equipment] to take photos and talk to staff about these." One relative said, "[Family member] does not understand the concept of time so staff purchased a large white board and they can now visually see what is happening in the day."
- Staff knew how to communicate with people and training was being organised to support staff to improve further in this area.
- Policies and procedures such as those around complaints or safeguarding were available in accessible

formats as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their past times and social interests. People told us, "[Staff] take me out and about if I want to go. We have just been to the zoo." and, "We are always up to something here. We are going to [location] for a day out soon." Relatives comments included, "[Family member] is always busy, out and about all the time. No problems there." and, "The great thing is that [staff] support my family member to use public transport so they have lots of options if they want to go out."
- Staff also involved people in looking after their home environment and taking part in social pastimes in the home. One person said, "Even if we are not going out [staff] always have something they can do with us."
- People were supported to stay in contact with family, friends and those important to them. Relatives were complimentary about the support that staff had given to people to help them stay in touch during the COVID-19 pandemic. One relative said, "The support from the staff team has been excellent. I have been able to speak to [family member] and feel safe visiting thanks to the measures in place."

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns. One person said, "I feel comfortable talking to staff if anything is wrong." A relative said, "We have no reason to complain and any minor issues are quickly sorted out. [Registered manager] always speaks to [family member] and apologises for these as well."
- There was a complaints procedure in place, and this was available in accessible formats for people to use.

End of life care and support

- People living at the service were young and most of them had chosen not to put plans in place for the end of their life. The registered manager had discussed this with people however and was also discussing this with their relatives so that plans could be put in place for the future.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and staff team were clear about their roles and explained these to us in detail. They understood where they could learn more and was working with another registered manager of the provider to ensure they fully understood all areas of their role.
- A number of audits were undertaken to monitor the quality of the service in areas such as health and safety, medicines and care plans. The quality and compliance manager also completed thorough audits of the service and clear actions were set to improve the service, based on the findings of these.
- The registered manager fully understood the need to be open and honest when things went wrong. One relative said, "[Registered manager] is very open, and If I have a small concern they always apologise and let me know what they will be doing to put things right."
- The registered manager knew which incidents to report to CQC and the local authority in line with regulatory requirements.
- Feedback about the registered manager was very positive. One person said, "I am glad that [registered manager] is the manager. They are great." A relative told us, "The management of the service is excellent. Communication is seamless and they work well with us."

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

- The registered manager and staff team were passionate about supporting and empowering people to achieve their personal outcomes. People were happy and relaxed living at the service and the staff team supported people to become more independent and achieve their own goals. Staff spoke with enthusiasm about how they supported people and how they planned to support people in the future.
- People and their relatives were complimentary about the support they or their family member received. People told us, "[Staff] are so kind and friendly here. They really make me feel that I am listened to." and, "[Staff] do not just treat me well but also treat everyone else who lives here well too. They are so kind."
- One relative told us, "I cannot praise all the staff at the Avenue enough , I think that all the people who live there are very lucky to have such caring staff to look after them and their families. I have said that if there was a reward for care they should receive it and they really do deserve one for all they do".
- Relatives spoke about the caring attitude of the staff and registered manager. One relative explained how staff had supported a person during a recent health appointment. The staff member had stayed with the person for extended periods of time to support their wellbeing. Another relative explained how staff had

supported their family member to understand and cope with recent COVID-19 pandemic restrictions.

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

- People were fully involved in all aspects of their support in day to day discussions with staff. They also took part in more formal meetings such as with their key workers or as a group with the registered manager. People told us, "We have meetings with the registered manager, and they are very good." and, "We get lots of opportunities to speak up and we are always listened to."
- Relatives were regularly asked to feed back about the service and were very positive about their involvement at the service. One relative said, "I know what a good support network looks and feels like and this is it. [Registered manager and staff] involve me and I feel like part of my family members support."
- Staff felt well supported by the registered manager and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feed back was taken on board.

Continuous learning and improving care

- The registered manager was keen to keep improving the service. They took feedback about improvements seriously and put actions in place to remedy these. For example, we fed back that the way incidents were recorded might be improved. The registered manager took immediate action and showed us how they would act on this feedback.
- The registered manager took action to improve the service based on the findings of internal and external audits.

Working in partnership with others

- The registered manger and staff team linked with health professionals to support good outcomes for people.
- As COVID-19 restrictions were ending, staff were working with people to re-establish and form new links in the local community. This included supporting people to attend social events or tasks which would support people to become more independent.