

# Mentaur Limited

# Lavanda Villa

## 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	

### Overall summary

This inspection took place on 10 December 2015 and was unannounced.

Lavanda Villa provides care and support for up to four people with a learning disability and autistic spectrum disorder. There were four people living at the service when we visited.

The service has 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.

Staff had been trained to recognise signs of potential abuse and how to report them. People felt safe living at the service.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

# Summary of findings

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service.

There were suitable and sufficient staff with the appropriate skill mix available to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were supported with regular supervision from the registered manager.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure that people's views were acted on; and staff provided care and support to people in a meaningful way.

Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

To ensure people's identified needs would be adequately met; pre-admission assessments were undertaken before they came to live at the service.

A complaints procedure had been developed in an appropriate format to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service; and the leadership was transparent and visible, which inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

# Summary of findings

## 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 safe

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

People had risk management plans in place to protect and promote their safety.

The staffing numbers were sufficient to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

Good



### Is the service effective?

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent to care and support was sought.

People were provided with choices on what they wished to eat and drink and to maintain a balanced diet.

People were able to access healthcare facilities with staff support if required.

Good



### Is the service caring?

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people were treated with dignity and respect; and their privacy was promoted.

Good



### Is the service responsive?

The service was responsive

People's needs were assessed prior to them moving in to live at the service.

People's support plans reflected how their identified needs should be met.

The complaints procedure was available to people in an appropriate format.

Good



### Is the service well-led?

The service was well-led

There was an open and inclusive culture at the service.

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

The quality assurance systems in place were effective.

Good



# Lavanda Villa

## 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 10 December 2015 by one inspector.

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.

During the inspection we used different methods to help us understand the experiences of people using the service. Two of the people who used the service were non-verbal. This meant they were not able to talk to us about their experiences. We spoke with one person who used the service. We also spoke with a senior support worker, two support workers and the operations manager.

We looked at two people's care records to see if they were up to date. We also looked at four 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 Lavanda Villa. One person said, “Yes, I feel safe here.” Another person nodded their head to confirm they felt safe. Staff told us they had been provided with safeguarding training. One staff member said, “If I witness abuse I would report it to the manager.” Another staff member said, “We treat the people here how we would like to be treated.”

Staff told us that safeguarding was regularly discussed at staff meetings and residents’ meetings. We saw evidence to confirm this. We found staff had a good understanding of the different types of abuse and how they would report it.

We observed there was a safeguarding poster displayed in the service with information that included the various telephone numbers of the different agencies who staff and people could contact in the event of suspected abuse or poor practice. We saw evidence that staff knowledge on safeguarding was updated six-monthly. We also saw evidence which confirmed that safeguarding concerns were raised with the local authority for investigation when required.

Staff told us they were aware of the provider’s whistleblowing policy and would feel confident in using it. One staff member said, “If the perpetrator is the manager I would report it to head office or to the Care Quality Commission (CQC).”

There were individual risk management plans in place to protect and promote people’s safety inside and outside the service. One person said, “I have a risk assessment for when I go out on my own. My key worker discusses it with me during one to one.”

Staff told us that risks to people’s safety had been assessed. These included risks associated with handling money, being out in the community and for the various activities that people participated in outside and inside the service. One staff member said, “We tell the service users to be careful when they are out on their own and not to speak to strangers for their own safety.” Another staff member said, “The risk management plans are developed specifically around service users’ identified needs and we explain to them what it is about and why we have to do it for their safety and our safety.”

There were generic risk assessments in place in relation to the environment and fire awareness. Where risks had been identified measures had been put in place to minimise the risk of harm to people. We saw evidence that individual risk management plans were reviewed on a three-monthly basis or if people’s needs changed.

We found there were arrangements in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people’s safety. Staff told us they reported maintenance issues. We saw regular checks on the gas and electrical equipment were carried out to ensure they were fit for use. The fire panel was checked on a regular basis and people had Personal Emergency Evacuation Plans (PEEPs). We saw there was a contingency plan in place and it 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 also a senior manager on call to provide advice and support to staff if required.

People told us there were sufficient numbers of staff available to meet their needs and to promote their safety. One person said, “Yes there is always staff around.” Staff told us that the staffing numbers were based on people’s needs. One staff member said, “We have enough staff on shift to care for the service users.” Another staff member said, “There are always three of us on duty. We are able to give one to one support to two people and the third member of staff can support the other two service users as they are independent.”

We observed during the inspection that the staffing numbers provided ensured that people were able to be supported safely. The rota seen reflected there were three staff on duty throughout the day. The number was reduced to one waking staff member during the night.

Safe recruitment processes were in place. One staff member said, “I had an interview and completed an application form. I did not start until all the required checks had been completed.” The operations manager told us that the organisation operated a two tier interview process. Potential staff members were interviewed under the provider’s first tier interview process by the organisation’s human resource officer. If found to be suitable a second interview would take place with the registered manager. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

## Is the service safe?

We saw evidence 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.

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 always give me my medicines.” Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, “I had to complete four modules of e-learning from Boots and achieve 100% pass mark.” Another staff member said, “The manager assessed my competency at least four times before I was allowed to administer medicines.”

At the time of this inspection there was no one self-administering. We saw medicines were dispensed in monitored dose blister packs and were stored appropriately. There was an audit trail of all medicines entering and leaving the service. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly.

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 also checked a sample of medicines and found that the stock levels and records were in good order.

The operations manager told us there were procedures in place for giving medicines, in line with the Mental Capacity Act. For example, one person preferred to take their medicines with yoghurt or jam. We saw evidence that a best interest meeting had taken place with staff and other healthcare professionals and it was agreed that in the person’s best interest their medicines could be administered in this manner. One staff member said, “[name call] is aware that we administer her medication with jam or yoghurt. This is the way she likes it and we tell her what we are doing.” The operations manager also told us that some people’s anti-psychotic medicines had been reduced. This ensured that people were not given excessive amounts of medicines. (Antipsychotic medicines are used to support people suffering with mental illness or severe anxiety.)

# Is the service effective?

## Our findings

People told us that staff had the right skills and knowledge to carry out their roles and responsibilities. One person said, “The staff know what they are doing.” Staff told us they had received training to enable them to carry out their roles and responsibilities appropriately. One staff member said, “I have had good training.” From our observations we found that people received care from staff who had the necessary skills and understood their needs. For example, staff were attentive to people and used different methods to communicate with them.

The operations manager told us that new staff were required to complete a two week induction training and familiarise themselves with the provider’s policies and procedures. 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 an on-going training programme at the service to ensure all staff received updated training.

Staff told us there was a supervision framework in place and they received regular supervision. This enabled them to discuss their training needs as well as the needs of the people who used the service. We saw written evidence to demonstrate staff were in receipt of six-weekly supervision with the registered manager.

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 attended training and had a good understanding of MCA and DoLS.

There was evidence within people’s support plans that mental capacity assessments had been carried out along with best interest meetings when required. One person who used the service was subject to a court of protection order and this was being followed.

Staff told us they always gained people’s consent before assisting them. One staff member said, “I always ask the service users if it is okay to assist them.” Another staff member said, “I know the service users well enough to understand if they agree to be supported.” We saw evidence to confirm that people or their family members had signed consent agreement forms to be supported with personal care and administration of medicines. We observed staff during the inspection asking people for their permission before providing them with support.

Within the care files we looked at we saw that people had support plans in place to deal with behaviours that may challenge. Staff told us they always followed the guidance in people’s support plans. On the day of our inspection we observed staff provided reassurance to a person who had become anxious and worried. This was done in a calm and sensitive manner and with good effective.

People told us that staff supported them to eat and drink and to maintain a balance diet. One person said, “We discuss the menu at our weekly meetings.” Staff confirmed that people chose what they wished to eat. Staff also told us that they encouraged people to assist them with the weekly shopping. We observed during our inspection that staff encouraged people to prepare their breakfast with some prompting.

Staff confirmed if risks to people’s eating and drinking were identified specialist advice would be sought. We found that one person required assistance with eating and drinking and this was done in a discreet and sensitive manner.

People told us that staff supported them to maintain good health and to access health care facilities. Staff told us people were registered with a GP who carried out annual checks. We saw evidence that staff supported people with regular dental and optical appointments. We saw people had health action plans, which staff kept up to date. If required people had access to therapists who were able to

## Is the service effective?

support them with their emotional and psychological needs. We found that each person had a special sheet in place which was called a 'grab sheet.' The sheet contained

information about people's physical and medical needs. The purpose of the sheet was to ensure if a person was admitted to hospital they would receive the appropriate care and treatment.



# Is the service caring?

## Our findings

People told us they had developed positive and caring relationships with staff. One person said, “The staff are caring.” We observed staff treated people with kindness and compassion. When in people’s company their body language was positive. They kept appropriate eye contact when speaking to people. We observed people looked comfortable and at ease in the company of staff and were spoken to in a calm and appropriate tone.

We found that staff were able to meet people’s diverse needs. For example, staff were able to interact effectively with a person with a physical disability. When supporting the individual they spoke in a pleasant and friendly tone. We observed people dressed how they wished.

Staff told us they supported people with their relationships. One staff member said, “[name called] said that he would like to get married and we would provide him with all the support and advice that he may need.”

Staff were able to demonstrate how they made sure that people felt that they mattered. One staff member said, “Regular group and one to one meetings are held and people are listened to. Issues raised are addressed.”

Staff were confident that they were aware of people’s preferences and personal histories. One staff member said, “We read their support plans and sit with them to find out what they like.” Another staff member said, “Some people like music and we provide it for them. Others enjoy visiting garden centres and going on outings and to the cinema.”

Staff were able to demonstrate how they responded to people’s concerns and well-being in a caring manner. They told us that any changes in people’s behaviour were recorded and monitored to identify what could have triggered the changes. During our inspection we found that one person became distressed and staff provided them with reassurance and interacted with them to divert their attention. This information was passed on to the afternoon staff during the handover. This was to ensure the action taken by staff was consistent and person-centred. Staff told us that a record of changes in people’s behaviours was maintained and if required medical advice was sought. One staff member said, “We liaise closely with family members and make them aware when there is a change to their relative’s behaviour.”

Staff told us that meetings were used to enable people to express their views and for them to say what support they needed. One staff member said, “[name called] requested to have their bedroom décor changed and this was done.” Another staff member commented and said, “[name called] had a bad day at college we detected something was wrong and we were able to find out what it was and provide reassurance.”

Staff told us there was one person currently using an advocate. We saw that information on how to access the services of an advocate was recorded in the service user guide and it was also displayed in the service. This was to make people aware of the various advocacy services available.

People told us that staff ensured their privacy and dignity were respect and promoted. One person said, “The staff knock and wait for me to invite them in my bedroom.” Staff told us that they always knocked and waited for a reply before entering people’s bedrooms. They also told us that when assisting people with personal care they ensured that their privacy was promoted and they were not exposed.

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 confidential policy. All staff were made aware of the policy and had agreed to adhere to it. We observed people’s support plans were kept in a locked filing cabinet and the computer was password protected.

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. We found that the service had a sensory room where people could go for some quiet time if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone.

Staff told us that they supported people to be as independent as they wanted to. For example, some people were being supported to clean their rooms and do their personal laundry. We observed during our inspection that staff were supporting a person to communicate with the use of an electronic aid. This ensured that they were able to make staff aware of how they were feeling and what support they needed.

## Is the service caring?

Staff told us that the team was supportive to each other. One staff member said, “I think we have a good team here.” We observed that staff spoke to people and to each other in a respectful manner and were able to empathise with the people they were caring for.

Staff told us that people’s family and friends were able to visit without restrictions. They also told us that visitors were made to feel welcome and people were encouraged to entertain their visitors.

# Is the service responsive?

## Our findings

People told us they were involved in the development of their support plans. One person said, “I have a support plan and my keyworker goes over it with me during our one to one meetings.” Staff confirmed that people’s support plans were discussed with them on a regular basis. We saw evidence in the support plans we looked at that people had been involved in writing them. For example, some plans had been signed by people to confirm their involvement

The operations manager explained that people’s needs had been assessed prior to admission at the service. He explained that information was obtained from people, their relatives and other health and social care professionals who had been involved in their care needs. Information gathered at the assessment process was used to inform the support plan. We were also told that people were provided with a transition period. This enabled them to spend weekends, or overnight stays to get a feel of the place before moving in on a permanent basis.

We found people’s views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the support plans we looked at. The support plans seen were personalised and contained information on people’s varying levels of needs, their preferences and histories and how they wished to be supported. People had their own individual goals that they wished to achieved. For example, one person’s goal was to achieve using the front door key that they had been issued with. Another person enjoyed cooking and staff and family members had supported them to write a blog about their cooking experience.

Staff told us that in preparation for people’s yearly reviews they had to write a summary of what they had achieved. We found that family members, social workers and key workers were involved in people’s yearly reviews. People were given the opportunity to discuss any concerns they may have.

People told us that staff supported them to follow their interests. One person said, “I go swimming and to discos.” Staff told us that people had individual activity plans. One staff member said, “[name called] enjoys going to the cinema with their dad.”

Staff told us that people were supported to maintain relationships with people that mattered to them to avoid social isolation. We were told that one person regularly visited the library and a friend.

The service had a complaints procedure. One person said, “I know how to make a complaint, I would tell the manager.” We saw the service’s complaints procedure was displayed in the service in an easy read format. The procedure outlined the system in place for recording and dealing with complaints. We found there had not been any complaints recorded.

There were arrangements in place for people, their family members and staff to provide feedback on the quality of the care provided. Surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw evidence that the feedback received from surveys was positive.

# Is the service well-led?

## Our findings

On the day of our inspection the registered manager was on annual leave. Therefore, the senior support worker and support workers along with the operations manager facilitated the inspection.

Staff told us that there was a positive, open and inclusive culture at the service. One staff member said, “We have meetings and we are able to make suggestions on how the home is run.” The staff member commented further and said, “The manager is good he listens to us.” Staff also confirmed that the registered manager was transparent and approachable. One staff member said, “His door is always open.”

Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people who used the service. They also said that they felt valued by the registered manager. One staff member said, “He always thanks us and tells us we are doing a good job.”

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, they were provided with feedback from the registered manager in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, “The manager is a good mentor and leads by example.” The person commented further and said, “He has taught me all I need to know about the job.”

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified measures had been put in place to minimise further risks of harm.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the delivery of service. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Action plans had been developed to address areas that required attention. We saw evidence that monthly statistical reports were completed and submitted to the provider. These were analysed to measure the service’s performance on the quality of the care provided and used to good effect.

We saw evidence that the provider had developed a new tool to measure the quality of life outcomes of individuals with autistic spectrum disorder. This was to further enhance the quality of care provided to people who used the service.