

Mentaur Limited

Stoke House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stoke House is a care home service that provides care for up to 12 people with learning disabilities and autistic spectrum disorder. At the time of the inspection there were 11 people living at the home.

The care home accommodates 12 people across two buildings. One building has one self-contained flat which accommodates one individual. The second building comprises of three communal lounges, a kitchen and dining room, individual bedrooms and two shared bathrooms to accommodate 11 people. There is also a communal garden area. This home is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were exceptionally well supported with access to health care services. The staff and management team had a clear understanding of the importance and benefits of ongoing health screening and oral care in maintaining people's health. The staff and management team had worked in partnership with healthcare professionals to support people to access healthcare services in a kind and supportive manner with positive results for people.

People's emotional and psychological wellbeing was treated with equal importance as their physical health. The staff and management team understood the impact that reaching goals and ambitions had on emotional well-being and promoting independence. People were well supported with their goals and ambitions and had achieved positive outcomes including academic success and work experience opportunities.

Staff were well trained and supported. Specialist training had taken place for both people and staff to ensure they worked together well as a team and understood and respected each other as individuals. Healthy relationships with food were encouraged by using imaginative ways to engage and interest people in healthy foods and cooking with positive results.

People were safe, risk assessments were in place and considered risk to people as well as risk in the environment, they were reviewed regularly to ensure safe care continued. Staff and people had received training and could recognise signs of abuse, they had access to a safeguarding lead if needed to help with reporting. The home was clean, smelt fresh and was well maintained. Staff had access to gloves and aprons which they used when providing personal care, ensuring people were protected from the spread of infection.

Staff were recruited safely, recruitment procedures ensured only suitable staff were employed. Medicines were managed, stored and disposed of safely. Senior staff were trained and responsible for giving people their medicine. Regular medicine checks ensured that any errors could be identified and managed quickly. Staff were trained and had the skills needed to do their job. They received regular training updates and support and were well supervised.

People received personalised care and were involved in the care planning process. People's choices, lifestyle, religion and culture as well as their personal, emotional and health care needs were all considered and planned into care delivery.

Pre-admission assessments and visits took place to ensure the service could meet people's needs prior to them moving into the home. People and staff had access to a complaints procedure and complaints were responded to in line with the providers policy.

The provider, management team and staff had developed an open and honest culture and had good knowledge of their responsibilities. The registered manager and provider had good oversight of the service from the quality monitoring processes in place and analysed findings for learning and improvement.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Stoke House

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

The inspection was carried out by one inspector.

Service and service type

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

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 and we sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about the care provided. We spoke with five members of staff including, the registered manager, the quality and compliance manager, a team leader and two care and support workers.

We reviewed a range of records. This included five peoples care records and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment and the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. Policies and procedures, satisfaction questionnaires , monitoring reports and, an improvement plan were provided together with analysis of incidents, copies of staff rotas and a dependency tool.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained and could recognise signs of abuse and knew how and where to report any concerns. One staff member competently explained signs of physical and psychological abuse.
- There were protocols and support plans in place to protect people when they required assistance with any behaviours that challenged others. Staff were trained in supporting people safely and ensuring their human rights were protected. Incidents were recorded and analysed for learning.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place and were reviewed regularly. People were supported to take positive risk such as accessing the community independently.
- The home was safe and well maintained with regular checks taking place. For example, gas and electrical safety checks. The provider employed a maintenance team and we observed them to attend the home and act promptly to action a repair that was reported to them by staff.

Staffing and recruitment

- There were enough staff deployed across the home to meet people's individual needs as per their care plan and risk assessments. Staff confirmed that the contingency plan in place for staff absence worked effectively and absences were always covered.
- Safe recruitment processes ensured only suitable staff were employed by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People received their medicines when they needed them. Medicines were managed, stored and disposed of safely. We observed staff to follow best practice guidelines when administering people's medicines. For example, ensuring they gave the right medicine to the right person and ensuring people had swallowed their medicine before signing to say it had been given.
- Protocols were in place to guide staff when administering 'as and when' medicines, and we observed these were given appropriately.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to personal protective equipment for supporting people with personal care. Cleaning schedules were in place and the standard of cleanliness throughout the home was checked regularly by the registered manager.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The manager maintained good oversight of accidents and incidents and analysed records for trends and patterns. Any learning was shared amongst the staff team via regular staff meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. Professionals feedback described the support as having positive impacts for people.

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

- The staff and management team had shown patience and kindness in supporting people who were afraid to access healthcare services and worked in partnership with other professionals such as GP's, practice nurses and dentists.
- Several supported visits were arranged to clinics prior to people having healthcare treatment. This meant that people had the opportunity to familiarise themselves with health care staff and the environment to ease anxiety and fear prior to treatment. This approach ensured people received regular 'well person checks' to maintain their health.
- People who attended hospital emergency departments needlessly due to their behaviours rather than health conditions had also been well supported and offered reassurance. We saw a hospital clinician report had marked a reduction in a person's attendance at an accident and emergency department that they attributed to, "The positive support given and the services knowledge and adaptations to meet the person's needs."
- People were well supported to maintain good dental hygiene and were seen regularly by a dentist. Care plans included comprehensive guidance on the support people needed including the type of toothbrush and toothpaste and how to secure dentures. The provider had gifted people individualised dental support bags to encourage interest. We saw a compliment from a dentist on the improvement in a person's dental health following staff support.
- The staff and management team had worked in partnership with other organisations such as weight loss clubs and day centres to ensure continuity of care for people in relation to their health and support. One person told us about their weight loss achievement which they were very proud of and said they felt much better having lost excess weight.
- Information about people had been collated into one-page profiles to guide staff from other agencies on how best to support people. We saw that this included people's communication needs. In the event of an emergency admission ambulance and hospital staff would be given this information.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. Specialist training had been introduced when the registered manager identified that some staff members were having difficulty in understanding a person's behaviour. The training included listening to an audio recording through headphones whilst being asked questions that involved making choices and decisions. Staff told us that they had gained insight into the persons everyday experience through this

training and had developed more empathy and understanding for the person.

- The provider and registered manager had developed a culture of empowering staff and people to have a voice and work together as a team. For example, an experienced member of staff was the allocated safeguarding lead for the home. They had recently delivered a presentation to people and staff as a group to highlight the signs of abuse. They explained their role as the safeguarding lead and reassured people and staff they could discuss concerns in confidence, and safeguarding alerts could be raised on their behalf.
- The provider was an equal opportunities employer, they had designed a series of workshops to support people and staff to respect their differences. For example, staff from different countries had held interactive sessions with people including, talking about their country's religion, culture and cooking and eating a meal together. Staff told us this had been a positive experience. The registered manager had noted a positive change in reports of abuse towards staff following the workshops.
- Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. One staff member said, "If I have anything to say I can talk to my manager."

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

- People were encouraged to have a positive relationship with food. The registered manager had introduced an imaginative way of getting people interested in foods by introducing a guest chef opportunity. People were invited to prepare meals with support for their housemates which they would then achieve a participation certificate for. The opportunity was open to everyone with staff support increased to meet people's needs.
- Regular meetings took place to decide menus with people's choices and preferences all included. People with communication difficulties were supported via the use of pictorial food cards to have their say on menu choices.
- The staff and management team recognised that people were choosing a routine menu. The introduction of cookery books from a popular TV chef that people were familiar with had led to some variation in diet. For example, A popular pasta dish for people had seen the recent introduction of prawns, the registered manager advised that the prawns had been introduced while people were looking through the book for inspiration.
- People ate in a pleasant communal dining room and sat together around a large table. We observed the meal time to be a positive social experience with people chatting and enjoying each other's company. Staff were available for support where needed and we observed that where people needed specific cutlery and crockery to support their independence this was provided as per their care plan.

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

- The service understood the benefits of positive experiences on people's emotional well-being and in turn adapted care delivery to meet people's changing needs. For example, the staff and management team had gone to great lengths to adapt the service at short notice to ensure that one person achieved a long-term goal by attending a specific event. This included organising long-distance transport, risk assessments and deploying and coordinating extra staff for support. The person told us they had enjoyed the achievement and the service had noted a positive impact on well-being.
- The home had been adapted to meet people's individual needs. For example, the staff and management team knew people and their routine behaviours well. They had ensured equipment was in place to prevent people harming themselves and damaging the environment during periods of unsettled behaviours. For example, we saw the imaginative use of visual images working well to support positive behaviour.
- The building was undergoing a plan of refurbishment during our inspection. We observed that one of the bathrooms had been refurbished to include individualised cupboards for people to store their toiletries. Wardrobes were constructed in another area of the home to store people's clothes, this supported people with their positive behaviour support plan.

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 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. 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. We found that they were.

- The staff and management team had a thorough understanding of the MCA. They had arranged independent advocacy services for people where needed, they strongly believed in ensuring people had the information they needed in a way they understood so that they could make informed choice. The registered manager had supported one person effectively with an MCA assessment in a clinical setting to ensure that a routine medical procedure went ahead without delay, therefore preventing unnecessary anxiety and distress.
- People were supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care.
- Staff understood people's right to refuse care and support. We spoke with a staff member about what happened if people refused care and support they told us, "I would respect their choices."
- Some people were being supported under a DoLS, the registered manager had managed this appropriately. There was evidence of individualised assessments to support what decisions people could and couldn't make for themselves.

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

- People had a thorough assessment prior to moving into the home. This was used to determine the correct staff ratios and skills mix to meet people's needs and preferences. People's health conditions, religion, relationships, culture, likes, dislikes and hobbies were all included in the assessment process. This information was used to plan people's care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people well and had developed good relationships with them. The home had a pleasant relaxed atmosphere. We observed people chatting with staff about their day with staff showing genuine respect towards people and interest in them. One person said, "Staff are really nice they just want to help you, [key worker] wants to get the best from me."
- Peoples culture, religion and characteristics were considered and planned into care. One person had achieved a position of responsibility within their place of worship and was regularly supported by staff to attend and fulfil their duties.
- Equality and people's human rights were considered throughout care. Staff were trained in safe strategies to prevent and manage behaviours of concern, interventions were a last resort and were reportable to the manager who recorded incidents and analysed them for learning.

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

- People were making their own choices in all aspects of their care. There were regular meetings for people to express their views and covered a range of topics including menus, activities or complaints. Where people needed support with decisions this was planned into care and they were given options to choose. This ensured people were not overloaded with information and cause them unnecessary distress.
- People and their families or representatives were present for review meetings and amendments to records such as care plans and risk assessments were made with people's involvement.

Respecting and promoting people's privacy, dignity and independence

- The staff and management team strongly believed that people should be well supported to achieve their goals and ambitions, and understood the impact this had on people's well-being. We saw several examples of people having achieved their ambitions in education and employment, with staff being deployed into the workplace for support where required. One person spoke with us about their achievements in employment and learning and were very proud of their progress.
- People's privacy and personal space were protected. People had keys for their own rooms if they wished and told us their privacy was respected. Frosted glass was used in the bathrooms and curtains were in place for privacy in other rooms.
- Staff had a good understanding of confidentiality. One staff member told us, they would not repeat information shared in confidence unless the person was in danger, in which case they would report to their manager if appropriate or the local authority safeguarding team. People's records were stored securely and in line with current best practice guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved remained the same. 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

- Care planning was personalised to meet people's needs and reflected their individuality. They detailed choice, desired outcomes, religion, culture, eating, drinking, communication and health. Staff supported people as individuals. One staff member said, "Every [person] is different and unique."

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.

- Peoples communication needs were planned into care. Information was available to people in easy read and pictorial format where required and covered care and support needs, goals and choices. Information could also be translated into other languages if needed.

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 celebrate special occasions such as birthdays and religious festivals. One person we spoke with was looking forward to their birthday celebrations and told us that their family was also attending. Another person told us they were being supported to visit their family out of town on a regular basis.
- People were supported to access a range of activities of their choice at home and in the local community. We observed one person to be enjoying their preferred activities in the lounge and another person showed us examples of what they had made during their chosen activity. During the inspection some people were going out independently and others were supported to go out to join in social activity away from the home. We observed there to be enough staff available to support people with whatever they were choosing to do.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which people and staff had access to. This was also available in easy read and pictorial format where needed. We saw that when complaints had been made they were responded to appropriately in line with the providers policy.

End of life care and support

- The service did not provide end of life care. Personalised care plans included peoples end of life wishes

where appropriate. Where people did not have capacity or would find discussion on this subject distressing it was discussed with the family. People's religion and culture were recorded and the registered manager told us this would be respected at time of death.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team were focused on providing good quality, person centred care that achieved positive outcomes for people. We saw several examples of positive outcomes and goal achievements for people including, success in education and employment.
- People were respected and encouraged to get involved in managing their own care. For example, people were encouraged to partake in finance checks of their own money. People also helped staff with some of the audits of the service such as the fire alarm and cleaning checks.
- The registered manager was open and friendly. They had developed good relationships with staff and people and we observed that they knew people well. Staff told us they felt well supported. One staff member said, "I can raise concerns, [registered manager] has an open mind [registered manager] is a good manager."

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 manager understood their responsibility to be open and honest with people when things went wrong. Incidents were recorded, reported and actioned appropriately. The registered manager had developed good relationships with families and was open and transparent in contacting them when needed.

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

- There were effective systems in place to monitor the quality and safety of the service. The registered manager and provider had carried out thorough risk assessments. Where risk was identified strategies were put in place to mitigate them. For example, there were less staff required for the night duties, to ensure that staff remained vigilant and on site they were required to log into an electronic system via a fingerprint recognition hourly.
- The provider and registered manager maintained good oversight of the quality of the service through regular records checks, any findings were used to drive learning and improvement. For example, medicine checks had been strengthened to further mitigate risk of error.

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

- Regular feedback was sought from people their families and professionals; this information was collated

and where needed action plans were produced. We saw evidence of people making requests for changes of decoration this had been added to action plans and the tasks completed.

- People were members of the local community, they had developed good relationships with their neighbours and were supported to visit them.

Continuous learning and improving care

- The registered manager maintained their own professional development and learning by attending local provider forums and reading professional publications such as CQC newsletters. They had recently made changes to oral health in the service as a result of the publication "Smiling Matters" and staff had completed training in how to support people more effectively with their oral health. The registered manager told us that they felt well supported by the senior management team and the provider.

Working in partnership with others

- The registered manager had worked in partnership with local businesses and organisations to provide work experience opportunities for people. This had worked well, and we saw positive impact for people's wellbeing. One person told us about their work skills development and were very proud to have recently been given some extra duties.
- The registered manager had worked in partnership with other professionals to ensure good outcomes for people such as speech and language therapists, practice nurses and hospital teams.