

Mentaur Limited

# Hérons Lodge

## 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

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

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

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

Following the last inspection, the provider had made improvements, and this had a positive impact and outcomes for people living at the service. This was confirmed by feedback from partner agencies, relatives, staff and by reviewing internal systems and procedures.

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 did not support this practice.

Right support: Guidance for staff of how to meet people's individual care and support needs, including actions to mitigate known risks had been reviewed and updated. Information was detailed and reflective of people's routines and preferences.

Safeguarding and whistleblowing procedures were regularly discussed with staff to ensure they felt confident to act upon any concerns. An internal investigation had also been completed to ensure people's individual daily and night routines and preferences were respected and met.

People received their medicines safely. Staff responsible for administering medicines had received additional training and their competency assessed. Fire risks had been reviewed and action taken to mitigate risks. This included increasing the number of night staff available.

Right Care: Staff deployment and recruitment had been reviewed and improved upon. This improved safety and provided greater opportunities for people to lead active and fulfilling lives. Staff were kind, caring and knew people well. Relatives were positive and spoke highly of the staff.

Right Culture: The provider's systems, processes and oversight of the service that assessed, monitored and reviewed quality and safety had been improved upon. However, further time was required for these to

become fully embedded and sustained.

Staff had completed refresher training and received opportunities to discuss their work, development and training needs and further training and support was planned. Internal staff communication systems had been reviewed and improved upon.

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

The last rating for this service was Requires Improvement (published 22 November 2023).

Why we inspected ☐

We carried out an unannounced focussed inspection of this service on 9 and 10 October 2023. Breaches of legal requirements were found. We issued the provider with 2 Warning Notices and gave a date in which we expected compliance to be met.

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 17 Good governance and Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) had made the required improvements and to confirm they now met legal requirements. We found the breaches in regulation had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Herons Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Hérons Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who fund people's placements at the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spent some time in the company of people and observed staff interactions with people to help us understand people's experience of the service they received. We spoke with the registered manager, the quality compliance manager, a senior support worker and 2 support workers. We reviewed in part, 4 people's care records. Staff deployment, medicines management, staff communication and meeting records. Staff recruitment and a variety of records relating to the management of the service.

Following our site visit, we contacted 5 relatives for their feedback about the service their family member received. We spoke with a further 2 support workers. We also reviewed records the provider sent us, these included audits, action plan, the dependency tool and staff training.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient staff employed to meet people's individual needs and safety. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The provider's dependency tool had been reviewed to ensure it correctly calculated how many staff were required to safely meet people's needs.
- The provider had increased the numbers of staff on duty. This included the availability of staff at night. The staff rota confirmed what we were told.
- Staff recruitment files had been internally audited to ensure all required information was in place. We reviewed 2 staff files for staff who had been recruited since the last inspection. All checks including references, identity and details of any criminal records had been completed.
- Staff were positive about the changes made. A staff member said, "Staffing has increased, new staff employed. More activities happening due to additional staffing."
- Relatives confirmed staffing had increased and how they were pleased with this. A relative said, "Yes, I've seen improvements since the last inspection. There are now 2 staff on at nights. I'm so pleased they've increased the staffing."

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

- Concerns were identified at the last inspection, about the risk of people's morning and night routines and preferences not being respected.
- The provider had completed an internal investigation to ensure people had autonomy about their routines and preferences. Support plans had been reviewed and updated to support staff of people's wishes and what was important to them.
- The management team had ongoing meetings with the staff about understanding the provider's safeguarding and whistleblowing procedures. Staff confirmed this and told us of their responsibility to protect people from avoidable harm and abuse.
- A staff member said, "We've had regular staff meetings where safeguarding and whistleblowing procedures were discussed, we know clearly how to report any concerns including going direct to the local authority and CQC."

- Relatives were positive about the care and support provided and felt their relative was safely cared for. A relative said, "We have no concerns at all about [family member's] safety or care."

#### Assessing risk, safety monitoring and management

- Risk management procedures had improved. Risk assessments in relation to known risks about people's care needs, and the guidance available for staff, of how to manage and mitigate risks had been updated. Staff were knowledgeable about people's care needs.
- Health and safety risks associated with the environment including fire, had been reviewed and were regularly monitored. The fire and rescue service had visited, and recommendations had been implemented to make improvements to safety.
- Relatives told us they felt confident that known risk were managed effectively.

#### Using medicines safely

- People's medicines were managed safely. Improvements had been made to staff training, and staff had completed competency assessments of their practice.
- Action had been taken to improve the administration of medicines, this included introducing body maps to provide guidance of the administration of topical creams.
- Medicine monitoring systems had been improved upon and were found to be effective. People were supported to have their medicines reviewed. The management team were aware of best practice guidance to help stop the overuse of certain types of medicines.

#### Learning lessons when things go wrong

- New and improved procedures had been introduced for the management of incidents. There was a greater emphasis on understanding and learning when incidents occurred.
- This included incident analysis to understand any themes and patterns. De-brief meetings had been introduced following an incident to review any learning opportunities.
- Staff communication systems had been reviewed and improved to ensure learning opportunities were shared and discussed with staff.

#### Preventing and controlling infection

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

#### Visiting in Care Homes

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



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staff support: induction, training, skills and experience

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

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff received induction training, ongoing training and opportunities to discuss their work, training and development needs. This including specific training required of all providers in learning disability and autism awareness. Records confirmed staff had completed this training.
- Staff competency assessments were completed by the registered manager in the delivery of care, to ensure people received consistent good, safe, care and support.
- Staff told us and records confirmed, staff training and support had improved. A staff member said, "I've had a couple of supervisions since October and completed refresher training."
- We found staff to be sufficiently experienced, competent and aware of people's individual care and support needs.

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

- There had been no new admissions since our last inspection. However, following our last inspection, and discussions with the management team, we were sufficiently assured the provider understood their responsibilities and importance of assessment and transition planning.
- Policies and procedures were based on best practice guidance, some of which such as incident management had been reviewed and improved upon.
- The management team were aware of our policy on regulating providers that support autistic people and people with a learning disability. The management team and staff showed a commitment in ensuring people received opportunities that were inclusive and empowering.

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

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

possible.

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

- Improvements had been made to ensure the MCA and DoLS legislation were understood by staff and people were protected.
- Mental capacity assessments and best interest decisions that had been previously completed, had all been reviewed and updated, where improvements had been identified as required.
- Support plans had been introduced where people had a DoLS. This was to ensure staff were fully aware of the reason for the restrictions, the expiry date, how to support people and included details of any conditions imposed.
- We found conditions had been acted upon. Staff were aware of the principles of the MCA and DoLS. A staff member said, "We have to assume capacity, best interest decisions have to be made at times."

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

- At the last inspection, we were concerned that recommendations made by external professionals were not consistently followed. Since the last inspection, staff had worked with external professionals in a collaborative way, implementing recommendations and guidance to support people to achieve positive outcomes.
- Procedures were in place to share information with others such as ambulance and hospital staff to support a person with their ongoing care.

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

- People were supported to eat and drink sufficiently, and choices were promoted and acted upon, including any cultural needs and preferences.
- Where people required additional support with eating and drinking, we saw this was provided. Staff were aware of people's individual needs and preferences.
- People's food and fluid intake and weight was monitored, and action was taken if concerns were identified.

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

- People were supported to access healthcare services and support. Health action plans were used to record and monitor health needs and support. This information was used to share information with healthcare professionals.
- Care records confirmed people's health needs were monitored and people received support to access health services such as the GP, psychiatrist, speech and language therapists and physiotherapists. People also had opportunities to attend physical health checks and screening.
- Relatives confirmed they were confident in how staff supported people with their health needs

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

- The provider was in the process of redecorating people's bedrooms and communal areas. People were to be consulted on colour preferences.
- People's individual needs were met by the adaption, design and decoration of the premises. This included grab rails to support people's mobility needs.
- People's bedrooms were personalised. People had access to all parts of the service. This included a large, secure garden with seating.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality; Working in partnership with others

At the last inspection, the provider had failed to ensure systems and processes were effective in assessing, monitoring and mitigating risks. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Improvements had been made to systems and processes that assessed, monitored and reviewed quality and safety. However, given the short length of time since our last inspection, further time was required for the improvements to become fully embedded and sustained.
- Internal systems and processes, including management, oversight and leadership had been reviewed and improved upon. Audits and checks that assessed, monitored and mitigated risks showed how improvements were identified.
- The provider had an ongoing improvement plan that was regularly monitored and reviewed, to ensure required improvements were progressed and implemented.
- Staff deployment had been reviewed and increased. This had a positive impact on people and enabled greater opportunities for people to participate in activities of interest.
- Guidance for staff of how to support people with their routines and preferences had been reviewed. Staff were well aware of people's care needs, and records confirmed choices were promoted and preferences and routines respected.
- The staff culture had improved. The management team provided regular opportunities to discuss safeguarding and whistleblowing procedures. Staff training and support had increased and was ongoing.
- Communication systems had been improved upon, to ensure the exchange of information with staff about people's individual needs was effective. Staff confirmed these changes were better. A staff member said, ""There's been many improvements, it's now as it should be, I'm so pleased and happy with the outcome. We have better communication systems."
- People had regular meetings with their keyworker (named staff member) including resident meetings

where meal choices and activities were reviewed and explored. Relatives were positive about communication with the staff and felt well informed about their family member's progress.

- Following the last inspection, external health and social care professionals had reviewed people's care and support and were positive about the changes made and how people's individual needs were met.

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

- The provider understood their responsibilities under the duty of candour. Following the last inspection, the provider took responsibility for their failings and shortfalls in the fundamental care standards and took immediate actions to make improvements.
- The registered manager met their registration regulatory responsibilities. This included notifying us of incidents and events they are legally required to inform us about.
- Relatives told us communication with staff was good and they were informed of accidents and incidents that occurred.