

Mentaur Community Support Limited

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## Inspection report

Suite S3, Moulton Park Business Centre  
Redhouse Road, Moulton Park  
Northampton  
Northamptonshire  
NN3 6AQ

Tel: 01604644941

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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

This inspection took place on 28 August 2018 and was announced. This was the first inspection for this service to receive a rating.

Mentaur Community Support Limited provides care and support predominantly to people with learning disabilities. The service supports some people lived in a supported living setting, and some people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked only at people's personal care and support.

Not everyone using Mentaur Community Support Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was only supporting one person living in a supported living service with their personal care needs.

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.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager. Staffing levels were flexible to meet the needs of people using the service and adequate recruitment procedures were in place. People had risk assessments in place which outlined their known risks and safe procedures were in place to administer people's medicines.

People's needs were fully considered before they began to use the service to make sure their needs could be met. People's consent was gained before their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and staff were able to spend time getting to know people and their preferences. People and their relatives were made to feel welcome at the service, and were involved in making choices about their care.

People had care plans in place which reflected their needs and these were regularly updated. Staff made great efforts to help people achieve their goals or participate in activities that they could enjoy. Complaint procedures were in place for people to make a complaint, should the need arise.

The service was well led and people and staff had confidence in the leadership. The registered manager had effective quality assurance systems in place which helped to improve the service and people and staff were encouraged to provide feedback about any improvements that could be made. The culture at the service was open and transparent and people were involved in their care decisions and empowered to be as independent as possible.

## 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 is safe.

Staffing arrangements were flexible to meet the needs of the people that used the service and people were able to receive their medicines when they wanted them. Infection control measures were in place to ensure people were supported with good hygiene practices.

### Is the service effective?

Good ●

The service is effective.

People's needs were fully considered before they began to use the service and people provided their consent to the care they received.

### Is the service caring?

Good ●

The service is caring.

People received their care from kind and considerate staff who respected people's choices and involved them in decision about their care.

### Is the service responsive?

Good ●

The service is responsive.

People had care plans in place which reflected their needs and preferences and staff encouraged people to participate in activities they enjoyed.

### Is the service well-led?

Good ●

The service is well led.

Quality assurance systems identified where improvements were required and action took place to make those improvements. People had confidence in the leadership and the culture of the service.

# Mentaur Community Support Limited

## **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.

This inspection took place on 28 August 2018 and was announced.

We gave the service short notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed 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. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with one person who received support with their personal care. We also spoke with two people that used the service but did not require support with their personal care. We spoke with three members of care staff, the registered manager and the providers representative.

We reviewed five staff files and the care plan documentation for one person who received support with their personal care. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

# Is the service safe?

## Our findings

People felt safe using the service. One person who used the service was able to tell us they felt safe. Another person that shared their home told us, "The staff are really good." They also told us that staff were able to understand people well, and recognise when they needed additional support, or when people wanted some time on their own, and this helped them to feel safe.

Staffing levels were flexible to meet the needs of people that used the service. People were able to choose how they spent their time and the registered manager ensured that the staffing arrangements facilitated people's choices. Staff told us that they felt there were sufficient numbers of staff to meet people's needs. One member of staff said, "We are never short staffed. Sometimes we use a lot of bank staff but I know they're trying to recruit more full-time staff." People were able to spend time one to one with a member of staff and this was used to further empower and encourage people's independence. The registered manager used a consistent group of staff, known as 'bank staff' to help cover shifts that permanent staff were unable to do so. This meant staffing was consistent and the service did not rely on unknown agency members of staff.

Recruitment procedures were in place to employ people suitable to work in care. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and identification and right work checks had taken place. We saw that references were obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

The service followed good safeguarding procedures. Staff were knowledgeable about safeguarding matters and how to report them. One member of staff said, "...if there were any safeguarding concerns, I would tell the manager. We know how to contact CQC, head office, the local authority if we had to but the manager would sort it out." Staff received training in safeguarding procedures, and the registered manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed and any learning was shared with the staffing team.

Risk assessments were completed to identify and give guidance about supporting people with their known risks. People were empowered to be as independent as possible and their risk assessments gave them support to do this safely. People were not prevented from making their own choices when risks were identified, for example around handling medication or hot drinks, and were supported in the least restrictive way. Whilst staff were knowledgeable about people's risks, the registered manager needed to ensure that all risk assessments were written in detail and reviewed regularly.

Staff supported people with the safe administration of medicines. Staff were able to describe safe administration procedures, which ensured that people were able to choose when and where they took their medicines, if they wished to take them. Staff understood their role to encourage and facilitate people to take their medicines but people remained in control of whether they took them and there were procedures in place if they did not. Staff ensured that people's medicine records were completed with accurate information about what medicines people had taken and medicines were kept secure.

Staff completed training to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed good infection control practices. People were encouraged and supported to follow good practice to keep themselves hygienic and clean. Care plans documented how staff supported people in this area and people using the service were given good support to follow these plans.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that handovers and staff meetings were used to address any problems or emergencies, and discuss any learning points. We saw that team meetings were held specific to staff members that worked together in certain areas, and that issues were discussed for improvement such as the need to add more detail in to the daily notes that were being recorded. We saw that actions were taken to make any necessary improvements.



# Is the service effective?

## Our findings

People's needs were assessed before they used the service. Pre-assessments were completed by the senior management team which considered people's full care needs and preferences before they began to use the service so the management could ensure they had appropriately skilled staff to meet people's needs. The provider put people in control of their transition into using the service. For example, people could decide to use the service for a short time to help them get to know the staff, or they could decide to have full staff support straight away. Each transition into the service was unique, and personalised for each person.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Staff had the appropriate skills to support people with their needs and people were happy with their skills. One person said, "They [the staff] help me have a shave. They're good." Each new member of staff was required to complete an induction before they could support people with their care. One member of staff told us, "I had a good induction when I started. It allowed me time to build up relationships with people here." We saw that staff completed an induction and shadowed experienced staff before they started supporting people with their care. Staff were required to complete a training program which reflected the specific needs of the people that used the service, for example with specific medical conditions. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis.

All staff received regular supervision from their manager and received support from senior members of staff. Staff were happy with the support they received. One member of staff said, "We see the manager all the time but if there was a problem we have on call and someone will come to help us." We saw that supervisions were recorded and any actions and goals were recorded for staff to work towards.

Staff supported people to eat and drink sufficient amounts when required. People were supported to make their own choices about their food, and staff were knowledgeable about encouraging a balanced diet. One member of staff told us, "We make suggestions about food and offer healthy alternatives but people know what they want and they are able to make their own choices."

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that staff supported people to work with health and social care professionals when necessary. Detailed information regarding people's health requirements was recorded by staff, and staff we spoke with

were knowledgeable and confident about supporting people with their health requirements. We saw that people had information relating to visits to the dentists, doctors, and any other required health professionals recorded in their care plan.

## Is the service caring?

### Our findings

People using the service for their personal care needs gave us good feedback about the caring nature of the staff that supported them and so did other people that shared a home with them. One person who shared a home said, "[The registered manager] is lovely. They [the staff] all do care."

People developed positive relationships with staff, who treated them with kindness, respect and compassion. People were able to choose the staff they liked to be their keyworker, (an identified member of staff that each person could talk to about their hopes and goals, or any concerns.) The registered manager confirmed that people were able to spend time choosing the member of staff they would prefer and that they could change their mind if they made better connections with other members of staff.

Staff told us they felt confident they could meet people's needs well and they spent time getting to know how people preferred their care. Staff were knowledgeable about people's preferences and encouraged them to talk about them. They knew people's preferred routines and the people who were important to them. When staff identified that people were anxious or distressed they were able to offer comfort and reassurance effectively.

People were treated with dignity and respect. People were able to choose if they wanted to spend time on their own or with staff support. Staff knocked on people's door before they entered and respected people's wishes if they did not want staff to enter. Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated. Staff were mindful of confidentiality and asked people if they wished to speak in private. People's records were kept securely and staff had an understanding of Data Protection.

The provider had a good understanding of advocacy and had used them in the past, for example for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up.

## Is the service responsive?

### Our findings

People's diverse care needs were fully considered and the registered manager ensured people had a care plan in place which reflected the care they required. Staff were expected to understand people's care needs and we saw that they did as they knew what support people required. Staff followed the guidance in place for each person.

Care and support was personalised to meet each person's individual needs. Staff knew people's likes and dislikes and ensured their care matched their preferences. Staff encouraged people to try new experiences and activities, but respected people's decision if they decided not to do something.

There was information in people's care plans about what they wanted to do for themselves and the support they needed to be able to put this into practice. For example, there were detailed sections about how staff should encourage and prompt people to do things for themselves and gave detailed guidance about how they could support people with various activities to encourage their independence. The care and support within the service had a focus on independence and encouraging people to do the things they could for themselves.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw examples of information that had been provided in easy read formats for people to access, for example, how people preferred to take their medicines.

Care was personalised and considered people's lifestyle choices. One person enjoyed spending time with animals and visiting coffee shops. Staff supported this person to follow these interests on a regular basis, as they wished.

Procedures were in place for people to make a complaint. Staff made themselves available to people to share their concerns and understood that people were able to make a complaint if they wished. We saw that complaints were responded to promptly and actions for improvement were created. The registered manager identified learning and shared this with the staffing team.

## Is the service well-led?

### Our findings

The service had a registered manager in post. 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.

The management team were open and honest, and promoted a positive culture throughout. One member of staff said, "It's a great place to work." Another person told us the staffing team worked really well together and they had good communication to make sure people received consistent care. Staff praised the management team and felt well supported.

The people who use the service and the staff, were able to have their voices heard and were able to provide feedback about the service. We saw that people had regular meetings with their keyworker to make suggestions about what is working well and if they would like any changes to the service. These were respected and staff supported people to make the changes they wanted.

Staff were also involved in the running of the service and were able to provide feedback for improvement. One member of staff said, "If we make any suggestions we're listened to and our ideas are considered. If the manager thinks it's a good idea we give it a try and then review it. For example, we thought there was a better way we could manage the medication by having them in dosset boxes. We tried it and things are better."

Staff we spoke with felt they were able to have their voices heard and could discuss any problems or issues that arose. One staff member told us, "We have meetings in our teams. We all chip in and discuss things openly."

People and staff all confirmed they had confidence in the management of the service. The management staff within the office had a good insight into the needs of people using the service, and clearly knew the people using the service well. People told us the registered manager, senior staff and the provider were very approachable. Staff said they were able to visit the office and speak with other staff there as and when they needed to, and that it was a welcoming environment.

Quality assurance systems were in place to ensure sustainability, learning and improvement. We saw that audits were completed regularly across the service. For example, daily notes audits were completed and showed how improvements were picked up and acted upon. There were also audits on people's care files, staff files, people's finances, and medicines.

People were able to feedback on the quality of the service via an annual questionnaire form that had been sent out to them. We saw that the provider had collated the responses from people which included many positive quotes, and an overall score for the questions that had been asked. The results were very positive and people were happy with the care they received.

The provider had a comprehensive understanding of statutory notifications and had submitted them to the Care Quality Commission (CQC) as required. A notification is information about important events that the service is required to send us by law in a timely way.