

Mentaur Limited

Evergreen House

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 5 November 2015 and was unannounced.

Evergreen House provides care and support for up to six people with a learning disability. There were six 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 to keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

Summary of findings

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

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

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

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink and to maintain a balanced diet.

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

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

The service had processes in place to ensure that people's views were acted on.

People were encouraged to maintain their independence and staff promoted their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met.

There was a complaints procedure in place to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service.

There was good leadership and management demonstrated at the service, which inspired staff to provide a quality service.

There were quality assurance systems 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

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

Risk management plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs safely.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people were supported to access other healthcare facilities.

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's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to their needs.

People's needs were assessed prior to admission.

Information on how to raise a concern or complaint was available to people.

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 inspired staff to deliver a quality service.

The service had quality assurance systems in place which were used to good effect.

Good



Evergreen House

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 5 November 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. The service met the regulations we inspected against at the last inspection which took place in April 2014.

We spoke with five people who lived at the service and two relatives. We also spoke with three support workers, the operations manager and the registered manager.

We looked at two people's care records to see if they were up to date. We also looked at three 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 Evergreen House and knew what to do if they were worried or had any concerns. One person said, “I feel safe here all the time.” Another person said, “If someone was not nice and I was worried I would tell my key worker or the manager.” Relatives also told us that they felt their family members were safe living at Evergreen House.

Staff told us they had been provided with safeguarding training and we found they had a good understanding of the different types of abuse that people could experience. One staff member said, “It’s my responsibility to look after the people who live here. Yes I would report any incident of abuse as it’s my duty.” All the staff we spoke with were confident if they reported an incident of abuse the management team would take the appropriate action. We saw 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.

The registered manager told us that the organisation operated a zero tolerance on abuse. She also told us that safeguarding was a regular agenda item at staff meetings and residents’ meetings; as well as during one to one supervision. The registered manager told us that staff knowledge on safeguarding was updated six-monthly. We saw minutes from meetings and training records which confirmed this. We also saw evidence which confirmed that safeguarding concerns were raised with the local authority for investigation when required.

There were individual risk management plans in place to protect and promote people’s safety inside and outside the service. One person said, “Yes I have a risk assessment for when I go swimming. I phone the house to inform staff that I have arrived safely and when I am leaving.”

Staff and the registered manager 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. There were also generic risk assessments in place such as, trips, slips and fire awareness. Where risks had been identified measures had been put in place to minimise the risk of

harm to people. For example, one person refused to wear a helmet when riding their bike. The risk assessment seen identified the measures that had been put in place to support the individual and to reduce the risk of harm. We saw evidence that the risk management plans were reviewed on a three-monthly basis or if people’s needs changed.

The registered manager discussed the arrangements which were in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people’s safety. We were told staff were required to report 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 there was a Personal Emergency Evacuation Plan (PEEP) for each person who lived at the service. 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 that there were sufficient numbers of staff available to meet their needs and to promote their safety. One person said, “My key worker is always around to take me shopping. They make time for me.” Another person said, “Yes there are enough staff. They help me to tidy my bedroom and cook for me.” The registered manager explained that the staffing numbers were based on people’s needs. She told us that there were normally two staff on duty during the day as people attended day centres. At weekends the number was increased to three. During the night the number was reduced to one waking night staff. We looked at the staff rota for the current week and following two weeks and found that it reflected the appropriate staffing numbers.

The registered manager was able to describe the service’s recruitment process. She told us that the organisation operated a two tier interview process. Potential staff members were interviewed under the first tier process by the organisation’s human resource officer. If found to be suitable a second interview would take with the registered manager. The registered manager told us that people were invited to be part of the interview process and their views were taken into account. She also told us that staff did not take up employment until the appropriate checks such as,

Is the service safe?

proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

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 give me my medicines and I usually get the water myself to take them.” Staff told us that they had been trained in the safe handling of medicines and training was regularly updated. We saw evidence to support this.

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. When medicines were prescribed to be administered ‘As required’ (PRN) we saw there was a protocol in place for staff to follow. Any administration of PRN medicines had to be authorised by a senior manager.

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 their job well.” Staff confirmed they had received training to enable them to carry out their roles and responsibilities appropriately. From our observations we found that people received care from staff who had the necessary skills, knowledge and understood their needs. For example, staff communicated effectively with people and treated them as individuals in their own rights. We observed that when people returned from the day centre, staff engaged them in conversations to discuss how they had spent their day.

The registered manager told us that new staff were required to complete a two week induction training and familiarise themselves with the service’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.

There was a supervision framework in place and staff told us they received regular supervision which enabled them to discuss their training needs as well as the needs of the people who used the service. The registered manager told us that staff received six-weekly supervision; however, for new staff this was more frequent. We saw written evidence to demonstrate staff were in receipt of regular supervision.

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 found there was no one living at the service whose liberty was being restricted. The service had policies and procedures in relation to the MCA and DoLS. Staff we spoke with said they had attended training and demonstrated a good understanding of MCA and DoLS.

People told us that staff always gained their consent before assisting them with support. One person said, “They always ask if it is okay to assist.” Another person said, “They always ask permission and tell me what they are going to do.” The registered manager told us that people signed consent forms to agree to be supported with their needs. In the support plans we looked at we saw consent agreement forms had been signed. We also 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 providing reassurance to a person who was becoming anxious and worried. This was done in a calm and sensitive manner and with good effective.

People told us that staff supported them to prepare their meals. One person said, “I make my own meals with staff support. I choose what I want to eat and drink and I purchase my own food.” Another person said, “I prepare my meals with minimum support from staff. I don’t have a set weekly menu like some people. I choose what I feel like eating.” Staff confirmed that they supported people with the preparation of their meals. One staff member said, “The clients choose what they want to eat and we support them.” Staff also told us that they discussed menu plans with people on a weekly basis; and assisted them in preparing a shopping list and purchasing weekly groceries. Another staff member said, “I make sure my client has all the things they wish to eat and I am happy to help them as it’s my duty.”

Staff confirmed if risks to people’s eating and drinking were identified specialist treatment would be sought. We found that one person’s food and fluid intake was being monitored and they were encouraged to have fortified meals. During our inspection we observed people making

Is the service effective?

themselves drinks with minimum support and prompting from staff. One person was expecting a relative to visit them. Staff supported the individual to prepare a meal which they were able to share with their relative.

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 visited the service annually and carried out health checks. We saw evidence that staff supported people with annual dental and optical appointments. We saw people had medical diaries and

health action plans, which staff kept up to date. If required people had access to therapists who were able to 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. We observed that staff treated people with kindness and compassion. There was no negative body language it was all open. For example, staff did not fold their arms across their body. When speaking with people they kept appropriate eye contact. People looked comfortable and at ease in the company of staff. Staff included everyone in conversation and spoke with people 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 impairment. Their tone was pleasant and not harsh. People dressed how they wished and they were supported by staff to form relationships if they wished. We observed staff were able to draw the whole group into conversation and people were encouraged and given time to respond.

The registered manager was able to demonstrate how the service ensured that people mattered. Examples given were regular group and one to one meetings were held and people were listened to. Issues raised were addressed. The registered manager stated that as a result of listening to people; a visit to a theme park had taken place.

Staff were confident that they were aware of people's preferences and personal histories. One staff member said, "We sit with the clients to find out how they like things to be done." The staff member commented further and said, "I know that [name called] likes music so I downloaded the type of music they like on my phone and I play it during our one to one session and they really enjoy it." We found that each person had a list with information about their needs and abilities. This ensured that people received their care in a consistent manner.

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. Information relating to people's well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. We were told people's relatives were made aware of changes in their behaviours and medical advice was sought if required.

People told us they were able to express their views and were listened to. One person said, "We have meetings and we are able to make suggestions." The person commented further and said, "I suggested having a Christmas party and the staff are going to arrange one." Staff told us that the weekly one to one meetings were used to enable people to express their views and for them to say what support they needed. One staff member said, "I encourage people to express their wishes as this is their home." We found that people were involved in decisions relating to their care and support needs. For example, during one to one meetings people's support plans were discussed with them and they were provided with the opportunity to amend the plan if they disagreed with anything that had been recorded.

The registered manager told us that there was no one currently using the services of an advocate; but advocates had been used in the past. We saw there was information displayed on the notice board to inform people on how to access the services of an advocate.

People told us that staff ensured their privacy and dignity were respect and promoted. One person said, "The staff always knock on my bedroom door and wait for a reply before entering." The person commented further and said, "I have a key for my bedroom and I keep it locked. No one can enter my room when I am not in unless I give them permission." Another person commented and said, "The staff speak to me in a respectful manner and listen to what I have to say." 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 unnecessarily 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 which staff had to adhere to. Information about people was shared on a need to know basis. 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, which meant people could retire to their bedrooms if they wished to be alone. Staff confirmed that they did not enter people's bedrooms when they were locked unless they had been

Is the service caring?

given permission to do so. We found people had provided their own bedding and furniture for their bedrooms and had personalised their rooms to meet their individual choices and preferences.

The registered manager and staff told us that people could be as independent as they wanted to be. For example, staff supported people to clean their rooms and do their personal laundry. We observed during our inspection that a person had been enabled with staff support to Hoover their bedroom.

Staff told us that the team was supportive to each other. One staff member said, "We help each other out and if

someone wants annual leave or a special day off we cover for them." We observed that staff spoke to people and to each other in a respectful manner. We found staff were able to empathise with the people they were caring for.

People told us that family and friends were able to visit without restrictions. One person said, "My mum is visiting me today and my sister visits me when she can." Staff confirmed that there were no restrictions on visiting. 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 plan. One person said, “I have a support plan. My key worker discusses it with me during our weekly meetings.” We spoke with two relatives during our inspection and they confirmed that they were involved with the development of their family members support plans. One relative said, “We have regular meetings to discuss my [name called] support plan. I am very happy with the care they are receiving.”

The registered manager explained that people’s needs were assessed prior to admission at the service. She explained that information was obtained from people, their relatives and other support agencies involved in their care needs such as schools and colleges. Information gathered at the assessment process was used to inform the support plan. We were also told people were provided with a transition period. This meant they spent 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. We found that the plans were evaluated on a monthly basis with their key workers. A yearly review of their entire care needs was carried out, which involved their key workers, family members and social workers. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

People told us they were supported by staff to follow their interests and to take part in social activities that they

wished to participate in. One person said, “I have things going on for me. I work in a charity shop and go to discos.” We found people had their individual activity plans and attended day centres and activities of their choice outside the service.

The registered manager and staff were able to tell us how people were supported to develop and maintain relationships with people that mattered to them to avoid social isolation. We were told that people regularly went on shopping trips and to the local pub. We found that one person regularly attended line dancing with a family member, which enabled them to stay in contact with the local community. We saw there were photo frames of pictures displayed in the communal areas with people on holiday together or on day trips.

People and their relatives told us that they were aware of how to raise a complaint. A relative said, “I know how to raise a complaint but I have never had the need to raise one.” We saw the service’s complaints procedure was displayed in an appropriate format in the service to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. The registered manager told us that complaints were used to improve on the quality of the care provided. We saw evidence that complaints made had been investigated in line with the provider’s policy and in the appropriate timescale.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. She told us that 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

There was a positive, open and inclusive culture at the service. One person said, “We have meetings and we are able to make suggestions on how the home is run.” The person commented further and said, “The manager is fantastic she listens to us.”

Staff told us that regular staff meetings were held and the manager updated them with any changes that were occurring in the service. One staff member said, “The manager is a good manager she is well organised.” Staff also confirmed that the registered manager was transparent and approachable. They told us that the registered manager encouraged them as well as people and their relatives to go to her if they had a problem. When mistakes occurred they were dealt with openly and in a transparent manner to minimise the risks of errors occurring.

Staff told us they had been provided with whistleblowing training and that it was a regular agenda item at staff meetings. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the registered manager in line with the provider’s procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff 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 works shifts and leads by example. This inspires us to deliver a quality service.” The registered manager told us by working shifts, staff practice could be observed to ensure they were providing care in line with best practice and people’s support plans. During our inspection we observed the manager working on the floor and was very hands on.

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 systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention, action plans had been put in place to address areas that required attention.