

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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Stoke House is a residential care home that provides care for up to 10 people who live with learning disabilities and mental health. Accommodation is on two floors. There are three communal areas and a garden people can use. At the time of our inspection 10 people were using the service.

At our last inspection in January 2015 the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, effective, caring responsive and well-led.

People continued to receive safe care. Suitable staff were recruited and there were enough suitably skilled and experience staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. The training and support staff received focused on the needs of the people using the service. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had positive relationships with the staff who were providing their care and staff treated people with respect, kindness and dignity.

People had plans of care that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences. People and their relatives were able to raise a concern if they had one. The provider had effective procedures to manage any complaints that they may receive.

The service had clear aims and objectives which were to support people to achieve and experience things that were important to them. People and staff told us that they felt confident that they could approach the registered manager and that they would listen.

There were quality assurance systems in place to monitor and review the quality of the service that was provided. The registered manager was supported by highly qualified staff at the provider's head office.

Further information is detailed in the findings below.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well-led.

Good ●

# Stoke 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.

This inspection took place on 24 April 2017 and was unannounced. It was a comprehensive inspection.

The inspection was carried out by one inspector.

Before our inspection visit we reviewed information we had received from the service about events at the service for example accidents and people who became deceased. We reviewed information the provider gave in 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 spoke with three people who used the service. We looked at two people's care plans and associated records and two staff files to see how the provider operated their recruitment procedures. We looked at records of how staff were supported and how the provider monitored and assessed the quality of the service.

Before the inspection visit we contacted the local authority that funded some of the care of people using the service to seek feedback about the service.

## Is the service safe?

### Our findings

People were protected from abuse and harm because the provider had effective safeguarding procedures in place. The provider had had policies for zero tolerance of bullying and harassment for people who used the service and staff. Those procedures and policies were understood by staff we spoke with. People who used the service told us that they felt safe. A person told us, "All of the staff are nice, they are my friends" when we spoke with them about their safety.

People's care plans included risk assessments of routines associated with their care and support and the kinds of activities people participated in. People were not discouraged from taking risks, but were supported to do in order to develop their confidence and independence.

Staff were recruited safely. Some of the people who used the service were involved in interviewing people and their opinions about the suitability of staff were sought. The provider operated a system that consistently ensured that there were enough suitably skilled and experienced staff on duty to meet the needs of people. This included ensuring that people were able to participate in activities when they wanted to. Staff had time to support people to provide 'quality time' and support without rushing.

The provider had safe procedures for the management of medicines. All staff were trained in safe administration of medicines. Audits of medicines administration were carried out twice a week to ensure that people received their medicines safely. People had their medicines at the right times and when they needed them. A person told us, "I know what my medicines are for and I get them at the right times." Arrangements for storage of medicines were safe as were arrangements for disposal of medicines no longer required.

## Is the service effective?

### Our findings

People who used the service were supported by staff who were knowledgeable about their needs. Staff were supported to meet people's needs through training and management support that was focused on the individual needs of people.

Staff communicated effectively with people using techniques that suited people's individual requirements. They supported people who at times presented behaviour that others found challenging by using their communication skills. Staff took extra care when they communicated with people who had sensory impairments to make sure they understood what support they were offering. They used pictures and touch to explain things to people.

New staff were supported to complete the Care Certificate which is a recognised national standard for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

Staff had opportunities to further develop their skills to meet the needs of people they supported. The service was specialised in supporting people who lived with autism. The provider paid particular attention to ensuring that staff understood about autism and how it affected people and those around them.

Staff sought and obtained people's consent before they supported them, for example before supporting them with their medicines.

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 who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes are 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 were being met.

There were people at the service who had a DoLS authorisation. Staff we spoke with knew who they were and why authorisations were in place. People were supported in line with the authorisations, for example they could for their own safety not leave Stoke House without being escorted by staff.

People had a choice of balanced and nutritional meals. People we spoke with told us with enthusiasm that they enjoyed their meals. A person told us, "The meals are brilliant!" Staff were knowledgeable about people's dietary and nutritional requirements and they ensured that people with special requirements had

the right kind of food. This included knowledge about types of food that were known to trigger behaviour that was harmful to people.

People were supported to maintain their health and to access health services, including specialist services, when they needed them. The provider had strong links with those services which ensured that people received the right support from health professionals when they needed it.

## Is the service caring?

### Our findings

People developed positive relationships with staff and were treated with compassion and respect. People told us that the thing they liked most about the service was that staff were kind and friendly. Every person had a 'key worker' who they chose to be their main supporter. A person told us, "They [key worker] know what is important to me, they understand me."

It was evident that people were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. We saw staff talk with people about their hobbies and interests and it was evident this reflected the positive caring relationships people had with staff. A member of staff told us, "We have developed relationships with people to help them experience a quality of life they want." Staff knew about things that mattered to people and things they wanted to achieve. They supported people to do those things because they were motivated to make a difference to people's lives.

People were supported to express their views about what was important to them. This happened formally at residents meetings and reviews of care plans and informally at times people wanted to express their views. Staff acted on people's views, for example by supporting them with activities of their choice. People felt comfortable about expressing their views because they trusted the staff. A person told us, "One of the best things about here is that staff are friendly."

Staff were aware when people became anxious or unsettled and provided people with support in a dignified manner. They communicated with people using people's preferred method of communication, for example pictures, sign language and 'language' that individuals had developed themselves. This ensured that staff were able to support people in ways they were comfortable with, including when they showed signs of anxiety. We saw several instances of positive and caring interactions between staff and people who used the service. For example, staff allowed people to hug them or they engaged with people by encouraging them to talk about things they enjoyed.

## Is the service responsive?

### Our findings

People received care and support that met their needs. People's care plans contained detailed information about how people wanted to be supported with their personal care and their health needs. The plans included details of how people wanted to be supported to achieve their goals and objectives. People reviewed their objectives at monthly meetings with the key workers.

People we spoke with expressed delight about objectives they had achieved. For one it was holidays abroad, for another it was attending and participating in sports events and for another it was achieving increased independence. Two people told us they had been supported to increase their 'life skills' which they put into practice at Stoke House by taking responsibility for cleaning their rooms, assisting with food preparation and domestic tasks. Other skills were used when people went out, for example when they went shopping. A person told us their key worker supported them to more effectively manage their money. Another person was supported with their interest in a local football team which resulted in them having regular contact with a professional sportsman who visited Stoke House.

Staff placed much emphasis on supporting people to enjoy a better quality of life. They told us how people had been supported to build their confidence so that they participated in activities they grew to enjoy. People who at one time were reluctant to leave their rooms and engage with others now experienced a fuller social life and integrated with others who used the service and visited day services and other venues in the community. A person told us, "I've met people and made friends." The support people received had made a positive difference to their lives.

People knew how to make a complaint if they needed to. Every person had an easy-to-read format of the provider's complaints procedure in their room. People told us they would speak to their key worker or the registered manager if they had a concern. No formal complaints had been made since our last inspection.

## Is the service well-led?

### Our findings

The service was managed by a person who was a registered manager of another service run by the provider. They were in the process of applying to be registered manager at Stoke House. 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 provider promoted a person centred culture at Stoke House through policies and procedures, and staff training and support. The support people received was developed from research the provider had undertaken into autism and the impact it had on people's lives. Their research had been published and presented at international conferences. They had developed and introduced a 'Guide of Indicators of Quality of Life' tool-kit to assess the quality of life experienced by people who lived with autism. This was used at Stoke House and other locations run by the provider to drive continuous improvement in peoples' lives. An example of how the research was used included decorating a person's room in a specific way that had a calming effect on them. Other organisations had contacted the provider about using the tool-kit. The service had been shortlisted for a National Learning Disability & Autism Award for 'Great Autism Practice' in 2016.

Staff told us that their entire focus was on the needs of the people who used the service. They were able to do that because the provider ensured that there were always enough staff to support people with things they wanted to do. The provider had an open culture that involved people and staff in making decisions about developing the service. Their suggestions and ideas were acted upon, for example through the introduction of new activities and changes to food menus. People chose how they wanted their rooms and communal rooms decorated.

Staff were able to raise concerns if they had any through a whistleblowing procedure, through supervision meetings or at any time through dialogue with the registered manager. Staff knew they could contact the Care Quality Commission and local authority safeguarding teams if they had any concerns about people's welfare.

Staff were motivated. The provider organised team building events which were spoken of highly by staff we spoke with. One told us, "We have an amazing team. Teamwork is really good."

Quality assurance systems were in place to help drive improvements. These included a number of checks and audits carried out by the registered manager. Further checks were carried out by a senior manager who carried out unannounced monthly visits. The views of people using the service and their relatives were sought through an annual survey. All these methods helped to highlight areas where the service was performing well and the areas which the provider wanted to develop further. For example, staff were more involved in contributing to agendas for staff team meetings to continue the provider's aim of involving staff in decisions about improvements to the service.

