Mentaur Limited

Lavanda Villa

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

The service can accommodate up to four people living with a learning disability or autistic spectrum disorder. The accommodation is arranged over two floors with accessible outside space. At the time of this inspection there were four people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good although we found improvements were needed to safeguard the way people's finances were managed. However, there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is still rated good:

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. The provider carried out checks on new staff to make sure they were suitable and safe to work at the service.

Systems were in place to ensure people received their medicines in a safe way and people were protected by the prevention and control of infection.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards.

People were supported to eat and drink enough. People were actively involved in choosing what they ate and helped to prepare meals for each other. Risks to people with complex eating needs were being managed appropriately

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space, including a garden, to meet their needs. The service operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

The service generally acted in line with legislation and guidance regarding seeking people's consent. More work was planned however, to ensure best interest decisions were recorded for financial expenditure where people did not have capacity to understand or manage their own money.

Staff provided care and support in a kind and compassionate way. People were enabled 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's privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to participate in activities, both in and out of the service.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

Work was underway to develop new care plans that would support people at the end of their life to have a comfortable, dignified and pain free death, if the need arose.

There was strong leadership at the service which promoted a positive culture that was person centred and open. Arrangements were in place to involve people in developing the service and seek their feedback.

Systems were in place to monitor the quality of service provision and to drive continuous improvement.

Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Further information is in the detailed 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?

Good

The service remains Good

Is the service effective?

Requires Improvement

The service has deteriorated to Requires Improvement in this area.

Although people's needs were generally well met in line with current legislation and guidance, more work was needed to ensure financial transactions carried out for people who lack capacity to make their own decisions about money, are done so in their best interests.

Staff had the right support and training to carry out their roles.

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

Staff worked with other organisations and relevant external professionals to promote people's day to day health and wellbeing.

People's needs were met by the design and decoration of the premises.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Lavanda Villa

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 was 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 comprehensive inspection was unannounced and was carried out on 4 July 2018 by one inspector.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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 also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were reported.

During the inspection we used different methods to help us understand the experiences of people living at the service, because some people had complex needs which meant they were not able to communicate with us using words. We spoke with one person living at the service and observed the care and support being provided to three people during key points of the day, including meal times and when medicines were being administered. We also spoke with the quality and compliance manager, the registered manager and three members of care staff.

We then looked at various records, including records for two people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

The provider continued to have systems in place to safeguard people from abuse. Although some people were unable to tell us if they felt safe because of their complex needs, our observations found they were comfortable in the presence of staff and showed no signs of distress when approached by them. Information had been provided to guide staff on what to do in the event of potential abuse taking place, and records showed that the home had followed local safeguarding processes when needed.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as seizures or choking. This information had also been recorded in people's care plans, providing a clear record of how the risks to individuals were being managed in order to keep them safe.

Staff understood how to manage behaviour that might be seen as challenging to others. They demonstrated great empathy and understanding and recognised people's frustrations, particularly when unable to verbalise their needs. We saw that they communicated with people in a calm and patient manner, minimising the risk of potentially disruptive situations.

Systems continued to be in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

Staff told us that sufficient numbers of staff were planned in order to keep people safe and meet their needs, and we observed this to be the case during the inspection. We were told that there had been some recent problems in terms of covering staff absence and ensuring sufficient drivers were available. The management team were aware of this. They confirmed that they had recently recruited new staff and that a core team of bank staff provided additional cover when needed, to support with consistency of care and support.

The management team outlined the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We looked at a sample of staff files and found that the majority of required checks were in place, but some were missing. This included details of two staff member's full employment history and an explanation for any gaps in that history. After the inspection the management team confirmed that the missing information had been obtained, and advised that immediate changes would be made to existing recruitment processes to ensure all required information was obtained in future.

People continued to receive their medicines when they needed them and in a safe way. Staff demonstrated a good awareness of safe processes in terms of medicine storage and administration. Clear records were being maintained to record when medicines were administered to people and regular audits were taking place to ensure adequate stock levels were being maintained and to highlight potential errors in a timely way. In addition, we saw that people had their medicines reviewed on a regular basis, to ensure they were still right for them and to promote their safety and wellbeing.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They were aware about the importance of preventing germs from spreading and avoiding contamination, in terms of washing hands or using protective equipment such as gloves and aprons before providing personal care and cooking. A cleaning schedule was in place and we observed the service to be clean and tidy, with no offensive odours detected. Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

The service took positive action to ensure that lessons were learned and improvements made when things went wrong. One example was a safeguarding incident that had been discussed with the staff team as a whole; to minimise the risk of a reoccurrence. In addition, a recent food safety inspection had brought about changes which we observed taking place, in terms of clear date labels for open food, to reduce the risk of anyone digesting out of date food.

Requires Improvement

Is the service effective?

Our findings

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that systems were in place to assess peoples' capacity to make decisions about their care and DoLS applications had also been completed where appropriate.

Some people living at the service had been assessed as not having capacity to manage their finances, so staff managed day to day financial transactions on their behalf for example, buying toiletries, clothes and paying for leisure activities. Clear records were being maintained of all financial transactions, supported by receipts. However, we found one person had paid for replacement pillows, handtowels, takeaways and other items necessary to maintain their personal care. A contract was in place between the person and the provider dated 2007, setting out what the provider was responsible for and what the person needed to pay for. However, this did not include sufficient detail to say who should pay for pillows, handtowels, takeaways and essential personal care items. There were also no other records to indicate that a decision had been made about these purchases in the person's best interests.

It was clear from speaking with staff that these arrangements had been in place for many years and that they were acting in good faith. There was no indication of financial abuse. Soon after the inspection the quality and compliance manager acknowledged our findings and told us they would ensure that clearer records were maintained going forward, regarding the management of peoples' finances. This would include input and involvement from other relevant professionals, when a decision needed to be made regarding unusual purchases for people who lack capacity to make decisions upon their finances.

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance in order to meet their individual assessed needs. The registered manager explained that they attended senior management meetings which were held regularly by the provider, which supported them to keep up to date with changes in legislation and good practice. They showed us that systems were in place to ensure care and support was regularly checked, to ensure consistency of practice.

One person used personalised assistive technology designed to support their communication and promote their independence. The person did not use words to communicate and we observed them using a tablet computer to request an item they needed from staff, which was then provided. It was clear that the person and staff were familiar with the use of this technology and that it was used on a regular basis.

Staff continued to have the right skills and knowledge to support and care for people. Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. We observed staff using their training effectively in the way they provided care and support. Other records showed that staff meetings were being held as well as individual staff supervision; providing the staff team with additional support to carry out their roles and responsibilities.

People were still supported to eat and drink enough to maintain a balanced diet. Staff demonstrated that they understood how to support people with complex needs in terms of eating and drinking. They were knowledgeable about who was at risk of choking and used soft and chopped food, to minimise the risk. People living at the service were involved in menu planning and took it in turns to cook for each other. One person was seen cooking the evening meal for everyone. They told us this was their own recipe and that it was a "very popular" dish with the other people living there. The meal looked and smelt appetising, and people certainly did appear to enjoy it as they were seen to eat well.

Staff confirmed that the service had developed positive working relationships with external services and organisations to deliver effective care, support and treatment for people living at the service. Each person had their own health plan which contained information about their healthcare needs, and demonstrated that they had regular access to an extensive range of healthcare professionals such as GP, optician, dentist, consultant psychiatrist, continence nurse, chiropodist and SALT (Speech And Language Team), who supported them in monitoring and managing long and short-term health conditions.

People's needs were being met by the adaptation, design and decoration of the premises. We saw that they had sufficient space to access communal and individual areas within the building, as well as a spacious garden. Everyone living at the service was independently mobile, as such it had not yet been necessary to make any modifications to the property to aid with people's mobility.

We noted that one of the communal doors made a loud banging noise as it closed. People living with autism can often be sensitive to noise. The quality and compliance manager told us that the door was going to be adjusted by the provider's repairs team, to minimise the impact of the noise. This demonstrated that changes were made to avoid causing distress to people using the service.

Good

Is the service caring?

Our findings

Staff continued to treat people with kindness and compassion. We observed positive interactions and there was a real sense of respect and inclusion for people living at the service. It was clear that people felt at ease with the staff and they were comfortable expressing their wishes in a confident manner. This was clear when one person took control of the evening meal preparation, doing it the way they wanted. Staff were there to help if needed, but otherwise they listened to the person's wishes and encouraged their independence.

Staff talked to us about the different ways people used to communicate their needs, where they were not able to express these verbally. They explained that they looked for facial expressions, body language, eye contact and vocalisation, to support people's choice and involvement. We observed this happening. One person used Makaton with a member of staff. Makaton is designed to support spoken language using signs and symbols. It was clear from the calm atmosphere that people felt relaxed and that staff understood their needs well.

People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as when they got up or what they wanted to eat.

People were supported to maintain important relationships with those close to them. Staff reported that people had regular contact with their relatives and records supported this. Staff told us they valued the relationships that they had developed with people's families who provided additional support, where appropriate, in terms of advocating for people.

People's privacy and dignity was respected and upheld. We observed staff offering people support with their personal care in a discreet manner. We also saw that people were helped to maintain their appearance and to feel good about themselves. One person was seen getting ready for a social outing and staff ensured they looked smart and appropriately dressed for the occasion.

Records showed that data protection and confidentiality was discussed with staff in meetings, to ensure information about people was treated confidentially.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. Transition plans had been undertaken prior to people moving into the service; to support staff in developing care plans that reflected how people wanted to receive their care and support. Additional communication passports provided person centred information to help staff to support those people who could not easily speak for themselves. Other records showed that staff regularly spent time with people, to check they were getting the care they needed. More formal review processes were in place too, to support this approach.

People were encouraged to maximise their independence and have as much choice and control as possible. Staff told us about the progress one person had made over time by breaking down everyday tasks into achievable steps, enabling them to learn new skills and promote their independence. We observed staff supporting the person in a patient and supportive manner, enabling them to make their own breakfast and choose a favourite programme to watch whilst they ate. The person appeared happy and relaxed, it was clear that this was a routine that worked well for them and one they followed regularly. Another person was able to eat their meals with minimal assistance from staff, through the provision of a plate guard, which reduced the risk of food spilling from their plate.

Staff continued to support people with following their interests and to participate in meaningful activities. Records and photographs showed that people had regular access to activities such as external day care – where one person worked in the cafe, swimming, college, going out for a drive, visiting a coffee shop and arts and crafts. We saw various flags on display which represented the remaining countries taking part in the 2018 World Cup football tournament. Staff explained that one person enjoyed football and they removed the flags as each particular country was eliminated from the tournament. In addition, people were supported to fully engage in the running of their home including helping with cleaning, cooking and food shopping.

Information had been developed to explain to people how to raise concerns or make a complaint. The registered manager told us that no formal complaints had been received in the past 12 months. We did, however, see other records which provided evidence that the service acted if a query or comment was made about the service. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Records showed that some people had taken the time to compliment the service too. Examples of compliments we read included positive feedback about how clean, tidy and homely the service was. A relative had also thanked staff for their help at an appointment for someone living at the service.

No one using the service had the need for, or was in receipt of, support with end of life care. The registered manager did however show us some new support plans that were in development, as they understood the importance of trying to keep a record of people's preferences and choices, should the need ever arise. Once in place, the new plans would assist with supporting people at the end of their life to have a comfortable,

dignified and pain free death, if required.

Good

Is the service well-led?

Our findings

The service continued to promote a positive culture that was person centred, open and inclusive. The registered manager explained that they sought people's feedback in various ways such as satisfaction surveys and meetings. Records we looked at supported this. The service had some clear aims and objectives for 2018 which included continuing to treat people with respect and dignity and meeting their holistic needs.

A registered manager was 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 service demonstrated good management and leadership. Staff we spoke with were clear about their roles and responsibilities. They were confident and motivated and interacted with people and one another collaboratively, in a caring, respectful and positive way. People and staff knew who the registered manager was and told us they found them approachable. Staff told us they felt positive about the way the service was managed and the support they received. One staff member told us, "I don't see how anyone could do a better job." We found the management team to be open and knowledgeable about the service and the needs of the people living there. They responded positively to our findings and feedback, to improve the quality of service provided.

The registered manager did not have dedicated administrative time, so they were observed providing a visible presence throughout; talking with people and staff and making themselves available to assist as required. The quality and compliance manager confirmed that if the registered manager required dedicated administrative time for a specific task, then this would be arranged.

The registered manager was clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, records they were responsible for were up to date and systems were in place to ensure legally notifiable incidents and events were reported to us, the Care Quality Commission (CQC), in a timely way and records showed that this was happening as required.

The management team told us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw that a number of audits already took place on a regular basis covering areas such as care records, cleanliness, staffing, training, accidents & incidents, safeguarding, maintenance and service utilities checks, infection control and medicines. Where improvements were identified, action plans had been developed with clear timescales and completion dates. Spot checks were also being undertaken by the registered manager covering areas such as fire safety, staff induction and finances. This showed that systems were in place to monitor the quality of service provision to drive continuous improvement.

Following the inspection, the quality and compliance manager provided evidence to show that the existing

audit system had been further improved, to reflect recent changes in what the Care Quality Commission (CQC) focuses on when inspecting services.

The registered manager told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.