

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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Lavanda Villa is a residential care home specialising in autism care and was providing personal care and support to 4 people at the time of the inspection. The service can support up to 4 people.

### People's experience of using this service and what we found

#### Right Support

The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. Staff supported people with their medicines safely. Positive relationships had developed with local health care providers, who provided timely support, considering people's emotional and sensory needs for planned appointments.

The service encouraged people to be involved fully in discussions about their care and support, holding a weekly meeting for people to decide on activities and meals. People were supported by staff to pursue their interests and hobbies.

#### Right Care

People received kind and compassionate care. Staff understood and responded to people's individual needs. Staff received training on how recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff completed specialised training on learning disabilities and autism.

Some people communicated non-verbally, for example through body language, sounds, pictures and symbols. They could interact with staff and others involved in their care and support because staff had the necessary skills to understand them. Staff, relatives, and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. The service valued and acted upon people's views.

People appeared relaxed within their home and in the presence of staff. We observed them being supported to make decisions about their day that included meals, activities, and health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 11 August 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective, and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Lavanda Villa

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people using the service and had discussions with 3 relatives on the telephone to gain their views. One person was unable to talk with us and we saw staff used different ways to communicate including signs, pictures, gestures, vocalisations and body language. We spent time with people and observed the interactions between each other and with staff as part of our inspection visit.

We spoke with 4 staff members that included the division manager, the registered manager, a senior support worker and a support worker. We received email feedback from 2 health professionals about the care and support people received.

We reviewed a range of records. This included 2 people's care records and 4 medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. One person told us, "Yes, I'm safe. The staff make me feel safe." A relative told us, "The carers encourage [family member] in different ways to stay safe, especially when out and about."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- There were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- A range of care and risk support plans were in place which included positive behaviour support plans. These included information as to how staff were to respond to, and support people's anxiety and emotional distress, through effective use of communication and a consistent staff response. They set out ways to provide safe support and avoid or minimise the need for restricting people's freedom.
- One relative told us they were happy with how risks were managed by staff. They commented, "They are aware of [family members] risks and [family member] is safely cared for."
- We observed staff supporting 1 person who had become distressed. The person was not able to communicate verbally but it was clear staff knew them well and were able to take appropriate steps to reduce their distress and anxieties.
- People's records showed a positive risk-taking approach. This enabled people to have opportunities to try new things. For example, using public transport independently.
- Staff were aware of people's risk assessments and felt they could confidently support people safely. The risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing and recruitment

- There were sufficient staff to keep people safe and meet their needs. One person told us there was always enough staff so they could attend their chosen activities when they wanted to. A relative told us, "There is enough staff and I'm pleased they manage to keep the same staff. It's important for [family member] that they have staff who know them and their routines."
- We observed sufficient numbers of staff to keep people safe. One staff member told us, "Yes, we have enough staff to support people with their care and their activities. We have very good team working." The service did not use agency staff, so people were supported by a consistent staff team who knew them well.
- Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as

standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their prescribed medicines from trained staff. A relative said, "I don't have any concerns that [family member] doesn't get their medicines as and when they need them."
- People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people, with a learning disability, autism, or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medication Administration Records (MAR) were fully completed with no missing signatures. Medicines to be administered 'as needed' (PRN) had protocols in place to ensure they were given safely and consistently.
- There was a record to show that medication audits were taking place so that any errors could be identified and acted upon swiftly.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff were following safe infection prevention and control practices. We observed this taking place during our visit.
- Staff received training in infection prevention and control. Personal protective equipment (PPE) including gloves and aprons were used when needed.

#### Visiting in Care Homes

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

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. They said any learning that came from incidents of distressed behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required.
- Accidents and incidents were recorded and reviewed by the registered manager to look for trends and themes. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The needs of people were assessed prior to them living at the service so that the support they needed could be identified. Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs.
- The provider completed a transition plan so that each person's move into the service was a positive experience. There was a timetable of actions listed, for example, it looked at the specific training staff would need to support the person moving into the service and any support from healthcare professionals.
- People lived in accommodation shared with other people. The assessment process considered people's compatibility to make sure everyone got along well together.

Staff support: induction, training, skills and experience

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "In my opinion the staff are very well trained. They know how to look after [family member] who has some complex needs, but they get it just right."
- Staff told us they completed training that was appropriate to their roles and felt well supported. Records confirmed they had completed induction training when they first commenced work at the service. They said they had worked alongside, and shadowed more experienced members of staff, which had allowed them to get to know people before working independently.
- Staff confirmed they received on-going and specialist training that was applicable to their roles. Since 1 July 2022, health and social care providers registered with CQC must ensure that their staff receive training on learning disabilities and autism appropriate to their role. Staff told us and records confirmed they had completed this training.
- Staff received support in the form of supervision and recognition of good practice. Staff member's competency and knowledge were checked to ensure they understood and applied training and best practice.

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

- People received support to eat and drink enough to maintain a balanced diet. One person said that staff helped them cook their favourite meals. A relative told us, "There is always lots of fresh fruit and vegetables available, they get a good mix."
- People were involved in choosing their food, shopping, and planning their meals. The service had a weekly meeting with people so staff could support them to choose their meals for the week.
- People could have a drink or snack at any time and mealtimes were flexible. People had their own

cupboards that contained their chosen foods and snacks. We observed people making choices of the food and snacks they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us they were kept informed about all aspects of their family member's care. They felt assured their relative's health needs were regularly reviewed by health professionals. One relative said, "The staff always let me know the outcome of appointments, even if it's just a trip to the dentist."
- People had health passports which were used by health and social care professionals to support people with their health needs in the way they needed and preferred. A health passport allows individuals to record details about their disability, health condition or learning disability.
- People were supported to attend health checks, screening, and primary care services. We saw that 1 person had a medical condition and was being supported by a multi-disciplinary team of health care professionals to ensure they received the care they needed.
- A healthcare professional involved in 1 person's care commented, "Lavanda Villa have requested reasonable adjustments for 1 person when they go into hospital for a regular procedure. This helps to reduce the person's anxieties and distress."

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

- The home environment supported people's well-being. It was pleasantly decorated and well maintained. There were several communal areas where people could choose to spend time if they wished. One person commented, "I like it here. My room is nice, and I have everything I need."
- People's rooms were personalised and decorated according to their wishes and needs. One relative said their family member's room was very important to them as it provided them with space away from others to enjoy their hobbies.
- An accessible garden was available for people to spend time in.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People and their relatives told us how people were supported to make everyday choices, such as their clothing and activities.
- Staff had a good understanding of what consent to care meant and were able to tell us how they sought consent to care and treatment.
- For people who were assessed as lacking mental capacity for certain decisions, staff recorded

assessments and any best interest decisions.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the registered manager was very supportive and had made significant improvements since commencing their employment at the service. One relative said, "[Registered manager] has a friendly and caring attitude and is very supportive of staff and residents."
- Staff felt respected and valued by the registered manager and management team which supported a positive and open culture. Staff said they enjoyed working at the service and worked in a way that ensured people were at the heart of their care. One staff member said, "It gives me inner joy and happiness to be helping the people who live here."
- The manager led by example in their interactions with people. We frequently observed the manager interacting positively with people and they demonstrated a clear knowledge of their needs. People were observed to be happy and reacted positively when the manager approached them.
- The provider invested in staff learning and development. This benefited people because they received support from a stable, motivated, and skilled team. Staff told us this they felt valued and appreciated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There were effective systems in place to monitor the quality and standards of the service. These were used to develop an action plan to ensure continuous improvements at the service.
- Staff were observed to deliver consistently good quality care and support for people, tailored to their needs. Staff told us about people's likes and dislikes, and support needs, without referring to care plans which ensured effective outcomes for people.
- The staff team shared the registered manager's visions and values of the service, which were promoting people's independence and allowing them to learn new skills. One staff member said, "We support people to be as independent as possible. Supporting them to have a good quality of life."
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff supported people to be part of their own care planning. Choice was communicated to people in a way they could understand, so they could make their own decisions.

- The service encouraged feedback and involvement from people and their relatives to improve care outcomes. People took part in weekly meetings, and these were used as an opportunity to gather feedback about any concerns they had, activities and their satisfaction with the meals they received.
- Relatives told us they were actively involved in their family member's care and supported to help make decisions in people's best interests when needed. One relative said, "Communication is very good, and we are always in touch. We are very involved in [family member's] care."
- Staff meetings gave staff the opportunity to discuss what worked well and areas needed to be improved or changed to ensure people's care needs were met.
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.

#### Working in partnership with others

- The provider understood the importance of working in partnership with all stakeholders to deliver good quality person-centred care. We saw that effective collaboration took place with commissioning teams, social workers, local authorities, and health care professionals such as the dietician and Speech and Language Team (SALT) to achieve good outcomes for people using the service.
- Specialist support was sought, and collaborative working took place where people had complex needs and we saw evidence of this in 1 person's care file.
- A health professional informed us they were supporting staff and 1 person with medical appointments, best interest meetings and decisions. They commented, "Lavanda Villa have kept in good communication with me about what progression is happening and have asked for us to attend the meetings. They have also asked for an Independent Mental Capacity Advocate (IMCA) IMCA to support [person] with their health needs."