

# Mentaur Limited Highfield

## 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

Highfield is a care home that provides care for six adults with learning disabilities and mental health needs. At the time of the inspection, five people were living at the home. The care service has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and we reviewed both areas during this inspection.

At our last inspection in January 2016, we rated the service good. At this inspection, we found the evidence continued to support the rating of good, and there was no information from our inspection and on-going monitoring that demonstrated any serious risks or concerns.

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

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

Staffing arrangements met people's individual support needs. The recruitment procedures ensured only suitable staff were employed to work at the service. Medicines were appropriately managed and staff followed infection control procedures to reduce the risks of spreading infection or illness.

Staff had comprehensive induction training and on-going refresher training that was based on following current best practice. Staff supervision and appraisal systems ensured staff had regular opportunities to discuss and evaluate their learning and development needs and their work performance.

Staff supported people to follow a nutritious, varied and balanced diet. The staff supported people to access health appointments as required so that people's continuing healthcare needs were met.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in keeping with the requirements of the Accessible Information Standard (AIS).

People had their privacy, dignity and confidentiality maintained at all times. People experienced positive relationships with staff and received care that respected their diversity as staff supported people to maintain relationships with family and friends and make new friends. The care people received from staff was kind,

caring and compassionate.

The provider operated an open and transparent culture. Quality assurance processes checked all aspects of the service. Events such as safeguarding matters, accidents and incidents had been reported to the CQC and other relevant agencies as required. Complaints brought to the provider's attention had been dealt with in accordance with the complaints procedure.

## 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 remains safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service remains responsive.

Good ●

### Is the service well-led?

The service remains well-led.

Good ●

# Highfield

## 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 checked 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 was a comprehensive announced inspection, which took place on 6 February 2018 and carried out by one inspector. We gave the service 24 hours' notice of the inspection, because Highfield is a small residential care home and we needed to be sure the registered manager, staff and people using the service would be in.

We planned for the inspection by reviewing information the provider had sent us in the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including statutory notifications. A statutory notification is information about important events that the provider is required to send us by law. We also sought feedback from commissioners that monitored the care and treatment of people using the service.

During the inspection, we spoke with two people using the service, two care staff, the registered manager and the area manager. We reviewed records relating to the care of two people, medicines records and storage, the minutes of resident meetings and staff meetings. We also reviewed two staff recruitment records, staff training records, management audits and health and safety checks completed by the provider.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. One person said, "I feel very safe, I want to stay here for the rest of my life." Staff knew about the safeguarding procedures and knew how to raise any concerns if they suspected or witnessed any form of abuse. The registered manager had raised safeguarding alerts to the local safeguarding authority and had taken appropriate action to investigate safeguarding matters to protect people using the service.

Risks to people's health and welfare were assessed. The risk assessments were individualised and gave clear instructions on the steps needed to reduce the risks without impinging on people's rights to independence, for example, personal safety and financial management. Systems were in place for staff to report accidents and incidents and records showed they were recorded and reported accurately. The staff told us, and records showed that reflective practice was used to learn from incidents, through staff supervision and team meetings.

The building was appropriately maintained. There were certificates to confirm compliance with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

Safe staff recruitment procedures were followed. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable.

People's medicines were managed safely. People told us they received their medicines on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Records showed the medication administration records (MAR) were completed accurately by staff and regular medicines audits took place to check people consistently received their medicines safely.

People were protected from the risks of cross infection. Staff told us, and records showed staff received infection control and food hygiene training and followed in day-to-day practice.

## Is the service effective?

### Our findings

Systems were in place to assess people's care and support needs. The assessments were used to create individualised care plans, which were regularly reviewed and updated to reflect people's changing needs.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, moving and handling, infection control, nutrition and safeguarding.

Systems were in place to provide staff with on-going supervision and support. Staff told us, and records showed they had regular one to one supervision meetings and general team meetings. These meetings gave staff the opportunity to discuss individual learning and development needs and the general needs of the service.

People were supported to have a healthy balanced diet that met their preferences and cultural needs. Staff supported people to choose what they wanted to eat and drink, to shop for groceries, prepare snacks, packed lunches and cook meals. Staff supported people to eat and drink sufficient amounts and worked with dietitians in closely monitoring people at risk of malnutrition due to a poor food and fluid intake.

The registered manager and staff were committed to ensuring people received on-going support to meet their physical and mental health needs. People were supported to attend routine health screening and specialist appointments. The staff and people using the service spoke of how people's confidence and well-being had improved since moving into the service. One person said, "I love doing Yoga." They were keen to demonstrate to us some of the movements they had learned and said how much healthier they felt for practicing Yoga.

People needs were mostly met by the adaptation, design and decoration of the premises. Two bedrooms were based on the ground floor and other bedrooms on the first and second floors. There was no lift facility, which would pose a restriction on providing care for people with a physical disability. The registered manager understood the limitations of the environment and was committed to ensuring the building was safe and suitable to meet the current needs of people using the service.

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). Staff told us, and records showed they received training on the MCA and DoLS legislation. The registered manager and staff understood and worked within the principles of the MCA legislation.

People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion. People said they were happy with the care and support they received from staff. One person said, "I get on really well with the staff, they are like friends to me." One member of staff said, "I am proud to work with these guys, I find it is very rewarding."

It was evident from observations during the inspection the staff and people using the service knew each other well, had good relationships and were relaxed with each other. We observed staff treated people with warmth and kindness.

People were supported to express their views and be actively involved in making decisions. One person offered to show us around their bedroom, which had been decorated to their taste, and was personalised with objects that reflected their personality, hobbies and interests. People told us they could choose how they wanted to spend their time and staff said they supported people to pursue their individual lifestyles. Records showed the provider sought feedback from people using the service during 'house meetings'. For example, weekly menu planning, social activities, and choosing furnishings and colour schemes for redecoration and refurbishment of the home.

Staff had received training in equality and diversity; staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. They were also supported to join day and evening social groups to participate in educational, recreational and leisure activities, giving the opportunity to meet new people and make new friendships.

People's dignity and privacy was promoted and protected. Information about people was only shared on a need to know basis. People's care files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The provider knew how to support people to access the help of an independent advocate; however, at the time of the inspection, no people using the service were currently using the services of an independent advocate.



## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Staff knew people well, and were able to tell us in detail how they provided individualised care. The care plans contained information on people's backgrounds, which helped staff to understand people's conditions and how they could help people to follow their hobbies and interests.

Each person regularly met with a named member of staff (known as a keyworker) to discuss and review their individual goals and ambitions. The provider understood the need for people, their family, friends and other carers to be involved in making decisions about end of life care at a time that was appropriate for them.

Staff supported people to follow their chosen routines, hobbies and interests. Educational and recreational opportunities were made available to people to take part in. People told us they attended work placement / day care, and enjoyed going to social events, discos, eating out and day trips.

People had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard; staff knew the way that each person communicated and literature was made available for people in 'easy read' picture formats.

A complaints policy was made available to people and their representatives. People were encouraged to raise any concerns or complaints. People said they would speak directly with the registered manager or any other member of staff if they had any complaints or concerns. At the time of the inspection, no complaints had been received from people using the service or their representatives.

## Is the service well-led?

### Our findings

A new registered manager had taken up post at the service on 21 January 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager understood these responsibilities.

The service had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People told us they liked the staff and that they were friendly and approachable. One person said, "The staff are great, I know all of them, I am very happy living here." The staff spoke of being very committed to providing high quality care for people. The service had an open culture in which staff were empowered to speak up, to share ideas and contribute to the on-going development of the service.

Staff told us the registered manager was very approachable. One member of staff said, "I love working here, I feel I can approach [registered manager] at any time." Another member of staff said, "I feel the management totally respect the staff, our ideas and views are listened to."

Staff told us they felt supported through regular supervision and received appropriate training to meet the needs of people using the service. One member of staff said, "We have meetings, but you can speak with [registered manager] at any time." Records of staff meetings demonstrated the meetings took place regularly and provided a forum for reflection, open discussion and learning.

The service worked with other agencies. The feedback we received from commissioners was positive. Records showed the service was open, honest and transparent with outside agencies and professionals. The registered manager raised safeguarding alerts when appropriate, to ensure people's safety and had notified CQC of important events, such as alleged abuse or serious injuries as required under their conditions of registration.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had the rating on display at the service and on the website.