

# 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 

## Overall summary

This unannounced inspection took place on 13 and 22 January 2015.

Stoke House provides accommodation for people requiring personal care. The service can accommodate up to 12 people. At the time of our inspection there were 8 people using the service. Stoke House provides care for people with learning disabilities and with behaviours that challenge the service.

There was a registered manager in post at the time of the inspection. 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.

At the last inspection on the 1 July 2014, we asked the provider to make improvements to the safety and suitability of the premises, and this has been completed.

There were enough staff to support people at all times of the day and night time.

People's medicines were managed in a safe way.

# Summary of findings

People received an assessment of any risks relating to their care. Identified risks were managed by the staff to provide safer care.

People were safeguarded from the risk of abuse. There were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

People received a choice of foods and drinks that met their dietary requirements.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were procedures in place to assess people's ability to make decisions about their care. Staff understood how to make best interest decisions when people were unable to make decisions about their care.

People received support to maintain their health and wellbeing and people's care was regularly reviewed to ensure it was effective.

People's privacy and dignity was respected. Staff supported people to make decisions and choices about their care.

People were supported to undertake a range of social activities and pastimes.

People's and relatives complaints were dealt with appropriately.

People were asked for their feedback about the service and improvements were made.

The provider had a system of quality assurance in place and this identified any shortfalls in providing a good service.

# 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 enough staff on duty at all times of the day and night time.

People's medicines were managed safely.

People had risk assessments in place and staff managed any risks in providing care.

Effective recruitment practices were followed.

People were protected from the risk of abuse and safeguarding procedures were in place.

Good



### Is the service effective?

The service was effective

There was a system of staff training and development in place to enable staff to do their jobs.

People received a choice of nutritious meals and snacks.

There were systems in place to assess people's decision making abilities and staff appropriately made decisions in people's best interests when this was required.

People received care that met their health and wellbeing needs and people had access to a range of health and medical professionals.

Good



### Is the service caring?

The service was caring.

Staff interacted with people in a positive way and had a caring approach to providing care.

People were supported to make choices about their care and staff were respectful of their decisions.

People received care that maintained their need for privacy and dignity.

Good



### Is the service responsive?

The service was responsive

People received support to maintain their health and wellbeing and were supported to undertake a range of social activities, hobbies and interests.

People's complaints were appropriately dealt with and were resolved to the satisfaction of the complainant.

Good



### Is the service well-led?

The service was well-led

People were involved in making decisions about the service.

There was an open and honest culture at the home which made it easy for people and staff to raise any concerns about the service.

Good



## Summary of findings

There was a system of quality assurance in place which was designed to check that people received a good level of care and to identify any shortfalls to the service and make necessary improvements.

We recommend that the provider completes the planned re-decoration of the home without delay.

# 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 unannounced inspection took place on 13 and 22 January 2015 and was carried out by an inspector and an Expert-by-Experience (Ex-by-Ex). An Ex-by-Ex is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also looked at information we held about the service including statutory notifications. A notification is important information about events which the provider is required to send us by law. We also spoke to health and

social care professionals and service commissioners. They provided us with information about recent monitoring visits to the service including the outcomes of safeguarding investigations.

During this inspection we spoke to a senior manager who worked for the provider, the registered manager of the home, and five care workers. We spoke with six people who were using the service and two relatives. We also spoke with a health professional who was visiting the service.

We reviewed the care records of four people who used the service and six staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

We asked registered manager to send us information about applications made to the local authority for a deprivation of liberty safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We also asked the provider to send us information about management and people's meetings. The provider and the registered manager sent us this information within the agreed specified time.

# Is the service safe?

## Our findings

People told us there were usually enough staff to meet their needs; however there were occasions when people needed extra care and this impacted on the availability of staff. For example, when staff needed to use physical interventions to manage people's behaviours that challenged the service. The registered manager told us and we saw from staffing records that the provider had allocated additional staff to manage these situations and staff told us that these arrangements worked in practice. One staff said "There used to be just four staff on shift, now there are five and it makes it easier to spend time with people and manage difficult situations". Another staff said "yes, we have enough staff and this makes it easier to provide support". The staff also told us that when they needed to provide physical intervention the additional staff enabled them to do this safely. Relatives also reflected that there were enough staff on duty and they managed and defused challenging situations in a safe and supportive way.

A range of risk assessments had been completed to make sure risks to people's care were identified and managed appropriately. One relative said "Risk assessments are in place and the staff cope with any problems". We saw that a range of risk assessments had been completed and considered risks to people's physical, social and mental health. We also saw risk assessments for managing people's behaviours that challenged the service were in place. These contained detailed measures to reduce the risks such as understanding triggers for these behaviours and using distraction techniques to divert people away from challenging situations. The staff had a good knowledge of risks to people and understood how to reduce these risks. For example, one staff said "We use distraction techniques with people and have a quiet room where people can calm down". Another staff told us that they understood risks to people's nutritional health and provided support by assisting people to eat their food and observing they ate their food in a safe way.

There were systems in place to safeguarding people from the risk of abuse. People told us they were "frightened" when people showed behaviours that challenged the service. However, they also told us that staff managed

these situations and provided them with re-assurance. Relatives told us that the service was a safe place. For example, one relative said "The staff manage to calm [person's name] down". Another relative said "I am aware of safeguarding and I know the staff look after [person's name] money and care for them well". The registered manager told us that they had been working on managing people's behaviours that challenge the service in order to safeguard all people from the risk of abuse. We saw that when incidents had occurred that these were reported immediately to the local safeguarding authority and to the Care Quality Commission (CQC). The staff demonstrated a good awareness of the types of abuse people might be at risk of and understood the provider's safeguarding policy and procedure and duty to report all safeguarding concerns promptly.

People and their relatives spoke well of the staff and told us they were of good character. One person said "I like the staff". Another person said "The staff are alright". A relative said "The staff all seem nice". We saw the provider had recruitment process in place to ensure staff were of suitable character and had the skills necessary for the job role. For example, staff told us they needed to complete an application form and have an interview to check they matched the requirements for the role. We also found that the provider had ensured staff had a Disclosure and Barring Service check (DBS). This check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw the provider had obtained employment and personal references to confirm the staff's suitability to work at the service.

People medicines were managed safely. For example we saw that medicines were stored safely and there were procedures in place to obtain, administer and dispose of medicines. We also found each person had their own personal medication profile which contained information about the medicines needed, reason for taking the medicines and possible side effects. Medications that were required as and when needed (PRN) were managed safely and documentation was maintained as to the reason and amount of medication required. Staff were knowledgeable about people's medication needs and demonstrated competency when administering people's medicines.

# Is the service effective?

## Our findings

There was a system of staff training in place which gave staff the necessary skills to do their jobs. Relatives told us the staff were well trained and able to deal with people's behaviours that challenge the service well. The staff told us there was a system of training and development which enabled them to do their job. For example, one staff said "We do safeguarding and mental capacity act refresher training every six months, and do specialist restraint training as one person has special needs". We looked at the provider's records of staff training and development and saw that staff had undertaken training in subjects such as health and safety, fire safety, infection prevention and control, food safety and restraint. We also found that staff had opportunities to undertake additional vocational training to enhance their knowledge of providing care to people.

Staff were supported with regular one to one supervisions with a manager and had an appraisal to check their work performance. One staff said "We have supervisions to talk about training we need and we also have de-briefings after incidents to see what we could do differently next time". Another staff said "In staff supervisions we discuss safeguarding concerns, policies and procedures and team work". We observed that staff were knowledgeable about providing people with care and had a professional approach to caring for people.

The registered manager and the provider were aware of their responsibilities under the Mental Capacity Act 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager was undertaking training to help them make applications to the local authority when a DoLS was

required. After the inspection visit, they confirmed that applications had been made to the local authority where a DoLS was required and sent us information to show how applications had been made.

People received a choice of suitable food and drinks and were involved in planning weekly menus. One person said "The food is lovely, perfect and all staff are good cooks". Another person said "We usually pick what we want [to eat] and we meet on a Tuesday to plan next week's dinner". One relative said "[person's name] has a varied diet and enjoys the food". We found that people had regular meetings to discuss the meals on offer and to plan menus each week. We saw that the weekly menu had a range of meals available such as roast dinners, pizzas and fish and chips. A range of breakfast cereals, lunch snacks and fruit was also available for people to choose.

Staff identified people who were at risk of not eating and drinking enough and monitored their progression. For example one person told us "I don't eat when I am not happy". We found that staff had a good understanding of people who were at risk of losing weight and maintained daily records to review their food intake. We also saw that staff regularly weighed people to check they were at a healthy weight and were knowledgeable about one person's special dietary needs.

People received support to access a range of healthcare services. One person said "If I want to see the doctor, I ask one of the staff and they sort it out". A relative said "[person's name] sees a dentist and the psychiatrist and the GP visits". Another relative said "[person's name] goes to the dentist and has good oral health". A health professional visiting the service also told us "[person's name] is always supported by staff to attend GP and psychology appointments". The registered manager confirmed that people had access to a range of medical professionals such as the GP, dentist, optician and the psychiatrist. We also saw information in people's care records which confirmed they regularly attended appointments with medical professionals.

# Is the service caring?

## Our findings

People and staff had positive and caring relationships. For example, we observed that people were genuinely pleased to see the staff on return from the day centre. We observed that they wanted to share the events of their day and the staff listened to them and responded to them appropriately. One person said “Yes, I have a good relationship with staff and one member of staff brought their dogs over to the home. I sometimes go out for a walk with them”. We observed another person referred to one of the staff as “Dad” and was excited about going out for a walk in the evening. We observed that staff displayed a positive and caring attitude to people and this created a pleasant and happy environment. The staff had a good knowledge of people’s individual needs and understood their likes, dislikes and preferences. The staff also told us that relationships between people and staff had greatly improved over the past year and that overall the home was a happier place. One staff said “relationships have got better with people and people are happier, we are more like a family”.

People were supported to express their views and make decisions about their care. We observed that staff supported people to make their own choices about activities to do in their spare time. One person said “I don’t

go swimming. I don’t like it”. Other people informed us of activities which they did enjoy such as playing football. We also observed that people approached the staff freely to talk about a range of issues and received support to make choices about their care. For example staff supported one person to telephone their relative. A health professional also told us that people were part of the decision making process. They said [person’s name] has just had a review of their care and they were very much part of this process. [Person’s name] choose to show lots of pictures about activities they had done, like football”. Relative’s also told us that they were regularly involved in making decisions about people’s day to day care. One relative said “We are regularly informed about any changes in [person’s name] care and consulted about any decisions”.

People received care that maintained their privacy and dignity. For example, relatives told us they could visit the home when they wanted to and staff were very welcoming. We also observed that staff spoke to people in a highly respectful way and encouraged them to be independent. For example people were encouraged to clean their own bedrooms and to do their laundry with the support of the staff. We also observed that each person had their own bedroom facility and access to private bathing facilities. People were able to access their bedrooms as and when they required.



# Is the service responsive?

## Our findings

People were cared for in a personalised way and the care provided focused on meeting individual needs. For example one relative said, “[person’s name] is doing really well, they do activities they like, yes it’s going really well”. Another relative told us “we have noticed how well [person’s name] is doing; their conversation is more fluent and clearer when we talk on the phone”. A health professional told us “[person’s name] has just had a review of care and they have done really well and made so much progress here.” We found that staff were knowledgeable about people’s general health and wellbeing and also understood people’s behaviours that challenged the service. One staff said “We are good at noticing if [person’s name] is anxious, as their body language and expression change”. They also said “Staff use distraction techniques, such as talking about [the person’s favourite activity] to calm them down”. We found that people had individualised care plans were in place to address a range of needs such as personal care, behaviour, health, life skills and eating and drinking. We also saw how people’s care plans reflected any underlying health conditions which could influence the provision of care. We found that systems were in place to ensure care was responsive to people’s needs. This included the staff regularly reviewing people’s care planning information to enable them to reflect people’s changing needs.

People undertook a full range of social activities of their choice and were encouraged to be part of the local community. One person said “I enjoy working and going to the football”. Another person said “I like sewing”. We found that most people attended a day centre during the day time and were eager to share their positive experiences with the staff. Relatives also told us there were opportunities for people to do activities. One relative said “[person’s name] enjoys going trampolining and bowling”. Another relative said “There was a lovely Christmas party here and everyone enjoyed playing party games and football. It was a very happy occasion”. Staff told us that were encouraged to assess the local community as much as possible. One staff said “We are doing more things with people, such as playing football and going into the community and people have learnt how to behave it’s been good for them, we can go for a meal and they enjoy it”.

The provider had an appropriate system in place to manage people’s complaints. People and their relatives told us they did not have any complaints about the service. One relative told us they raised a concern with the manager and this was resolved quickly. We saw that people were given the opportunity to raise any complaints during their weekly meeting and staff demonstrated a good knowledge of how to deal with complaints. The registered manager kept a log of all complaints received from people or their relatives and one relative’s complaint had been acknowledged, investigated and resolved to the satisfaction of the complainant.

# Is the service well-led?

## Our findings

People were involved in developing the service and there was an 'open' culture where people freely voiced their opinions. For example, one relative said "People are allowed to express their opinions and say what they are thinking and it gets acknowledged". We also observed throughout the inspection visit that people openly approached the staff with a range of suggestions and requests. This included asking the staff to support them with an activity and planning outings at the weekend. There were systems in place such as weekly people's meetings to enable people to express their opinions about the service and plan activities and menu's each week. The provider also held a people's forum meeting and representatives from each of the provider's homes attended. This was a formal opportunity for people to feedback to the provider about the standard of care in each home. The meeting minutes showed that overall people were happy living at the provider's homes.

Staff told us that they were able to raise any concerns about the service with the registered manager and had a role in improving the service. One staff said "Staff can raise improvements in team meetings and supervisions; we have discussed developing a garden patch for growing vegetables and getting people more involved with cooking". Another staff said "We give ideas on different activities we think people would enjoy". The staff also had a good understanding of their responsibilities in reporting incidents, accidents and safeguarding concerns. The staff understood how to whistle-blow to external agencies such as the Local Authority or Care Quality Commission (CQC). Whistle-blowing is when a member of staff suspects wrongdoing at work and makes a disclosure in the public interest.

The service had clear aims and objectives in place which were met to improve the service. For example the registered manager told us they wanted to create a safer and more homely environment. They told us they had improved the safety through managing people's behaviours that challenged the service. This had resulted in a reduction in the number of safeguarding incidents at the service and we saw that the severity of the incidents had

also reduced. We saw that regular team meetings were in place to review the staff's progress in achieving the aims and objectives and to remind them how to do this in practice. For example, team meeting minutes showed that staff had discussed how positive interactions with people help to create a "family" environment. One member of staff said "Things have really changed in the last year; the manager has improved the service. It's now a different environment and people do extra activities". Another member of staff said "There has been a big improvement here, the staff get on well together and it has had a big impact on people as their behaviour has changed and they are much calmer". We also saw that improvements such as developing a "quiet room" and adding soft furnishings and pictures had also been made. Relative's also reflected the change in the service. One relative said "It's a family now and the manager talks about the future and how to make things better". The registered manager had developed aims and objectives for 2015 which included being "fully staffed" and "motivating staff and avoiding them working long hours". We saw this objective had almost been met as new staff had been recruited and staff appeared motivated and enthusiastic about providing care.

There were systems in place to monitor the quality of the service. For example, a regular system of audits and spot checks was in place which included checks to the management of medicines, care planning, checking people's finances and checking the environment. We saw there were few areas of concern identified and standards were being maintained. For example a regular and robust medication audit was completed and there had been no medication errors for a considerable length of time. An external company had completed a detailed health and safety audit which reflected good systems in cleanliness, food safety, gas and electrical safety and provisions for first aid. The report reflected the good condition of the building; however we noted that staff and the registered manager had raised their suggestion for the re-decoration of several areas of the home. The provider had acknowledged the need to re-decorate and had developed a plan of action to do this, however, we saw that the deadline to do this work had not been met and this delayed improvements to the home.