Mentaur Limited

Herons Lodge

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

This inspection took place on the 8 June 2016 and was unannounced.

Herons Lodge provides care and support for up to ten people who have mental health needs, learning difficulties or autistic spectrum disorders. On the day of our inspection there were seven people living at the service.

The service had a registered manager. 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.

People who were able to talk to us told us they felt safe living at Herons Lodge. Relatives we spoke with agreed that their loved ones were safe. Staff we spoke with understood their responsibilities for keeping people safe and were aware of what to look out for if they suspected that someone was at risk of harm.

The risks associated with people's care and support had been assessed. Where risks had been identified, these had been where ever possible removed or reduced. This was so that people could be provided with the safest possible care.

The registered manager had carried out an initial assessment of people's care and support needs prior to them moving into the service. This was so that they could be confident that people's needs could be met by the staff team working at the service.

Before any new member of staff started working at the service, the necessary checks had been carried out. This was to ensure that as far as possible, only suitable people worked there.

All new members of staff had been provided with a comprehensive induction into the service. This enabled them to get to know the people using the service and learn the day to day requirements of the role of a support worker.

Not all of the staff team had received the training they required. The registered manager and operations manager immediately addressed this. A training plan was drawn up and where a staff member had not completed certain training, this was arranged. All outstanding training was expected to be completed by July 2016.

People received their medicines as prescribed and in a safe way. Medicines were being appropriately stored and the necessary records were being kept. There were thorough systems in place to audit the management of medicines.

People's nutritional and dietary requirements had been assessed. They had been fully involved in the development of the menus that were in place and these catered for their individual needs.

People had been involved in making day to day decisions about their care and support and capacity assessments had been carried out when necessary. This was to assess people's ability to make decisions for themselves. Although the registered manager and the staff members we spoke with understood the principles of the Mental Capacity Act 2005, not all of the staff members we spoke with had received training on this subject.

We were told that the staff team were kind and caring to both the people using the service and their relatives and friends. Observations during our visit confirmed this.

Meetings for the people using the service and the staff team were held on a regular basis. Weekly and monthly meetings provided the people using the service with the opportunity to be involved in the service and have a say.

Staff members we spoke with felt supported by the registered manager. They explained that they were given the opportunity to meet with them on a regular basis and felt able to speak with them if they had any concerns or suggestions of any kind.

There were systems in place to monitor the quality and safety of the service being provided. Regular audits on the documentation held had been completed and regular checks on the environment and on the equipment used to maintain people's safety had been carried out.

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 was safe.

Staff understood their responsibilities around safeguarding people from avoidable harm and abuse.

An appropriate recruitment process was followed to ensure that only suitable person's worked at the service.

Risk assessments had been completed so that the risks associated with people's care could be removed or minimised.

The medicine processes that were followed meant people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent to their care and support had been sought and the staff team understood the principles of the Mental Capacity Act 2005.

The staff team had not always received training in a timely manner.

People were involved in the planning of their meals and menus catered for their individual needs.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring.

The staff team knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

People's privacy and dignity were promoted and protected by staff.

Relatives were always made welcome when they visited.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they had moved into the service.

People had been involved in deciding what care and support they needed.

The staff team knew the needs of the people using the service because there were comprehensive plans of care in place.

A complaints procedure was in place and people were regularly reminded of what to do if they were unhappy.

Is the service well-led?

Good

The service was well led.

Monitoring systems were in place to monitor the quality of the service being provided.

The staff team working at the service felt supported by the registered manager.

People using the service, their relatives and the staff team had been given the opportunity to have a say on how the service was run.

Herons Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June 2016 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience 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.

Before our visit we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were seven people using the service. We were able to speak with all seven people living at Herons Lodge and three relatives. We also spoke with the registered manager, two members of the staff team and the provider's operations manager.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine records. We looked at two staff recruitment and training files and the quality assurance audits that the

management team completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Herons Lodge. One person we asked told us, "I do." [Feel safe].

Relatives we spoke with also told us that their loved ones were safe living at the service and were kept safe from harm. One relative explained, "[Person using the service] is safe, I have the safeguarding number and wouldn't hesitate to contact them if I had any concerns, but I don't." Another told us, "I feel [person using the service] is safe, we don't worry about her when we are not there."

The staff members we spoke with told us that they had received In-house training in the safeguarding of adults during their induction into the service. This involved reading information provided by the registered manager and talking through the different types of abuse. They were aware of their responsibilities for keeping people safe and they told us what they would do if they felt someone was at risk of harm. One of the staff members we spoke with told us, "I would speak with the manager and if I didn't get anywhere, I would call the Care Quality Commission (CQC)." The other staff member we spoke with explained, "I would inform the manager straight the way, and I would contact [operations manager], It, [abuse] is not acceptable."

The registered manager was aware of their responsibilities for keeping people safe. They knew the procedure to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the CQC.

We looked at the training records to see what formal safeguarding training had been provided. We saw that whilst some of the staff members had completed safeguarding training on line, others had yet to commence this. By the end of our visit, those who had yet to complete this training had been booked a place. This meant that the whole staff team would have a more thorough knowledge and understanding of how to keep people safe from harm.

The staff team had been provided with a copy of the provider's whistleblowing policy and they were confident that any concerns raised in this way would be dealt with appropriately.

A process for assessing the risks associated with people's care and support was in place. Risk assessments had been completed and these had been monitored and reviewed on a monthly basis, or sooner if deemed necessary. Risk assessments seen in people's plans of care included those associated with the provision of personal care, personal safety and the risks associated with people's mobility. The completion of these documents made sure that risks to people's health and welfare were wherever possible, minimised and the people using the service kept safe from harm.

Checks had been carried out on both the environment and on the equipment used at the service. Fire safety checks had been completed and regular fire drills had been carried out to ensure that the staff team understood their responsibilities in the event of a fire. Personal emergency evacuation plans (PEEPS) where in place showing how each individual must be assisted in the event of an emergency and a plan was in place

in case of foreseeable emergencies. This plan covered events such as fire, flood and loss of power and provided the reader with the information necessary to enable them to continue to provide a service should such an event occur.

A recruitment process was in place and this was being followed. The provider's operations manager explained that all prospective members of staff had an initial interview with a member of the management team. If successful, a further interview would be conducted by the registered manager at the service. A staff member we spoke with confirmed this. When we checked the recruitment files belonging to two new members of staff we saw that the required checks had been carried out prior to them commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. The recruitment process made sure that only suitable people worked at the service.

The registered manager and the operations manager explained that staffing numbers were based on people's needs and a dependency tool was used to determine how many members of staff were needed on each shift. At the time of our visit there were three staff members on duty during the day and one waking staff member at night. The staff members on duty at the time of our visit felt that this was sufficient to meet the current needs of the people living there. We observed that there was a member of the staff team supporting people in the main lounge at all times.

We looked at the way people's medicines had been managed to see if they had received these as prescribed. We saw that they had. Medicines were being appropriately stored; the stocks we checked were correct and medicine administration charts had been accurately completed. A robust system was used to ensure that people received their medicines correctly. This included two members of staff being involved in the checking and administering of each person's medicine.

Protocols were in place for medicines prescribed 'as and when required'. This included pain relief for when a person was in pain. These protocols informed the reader what these medicines were for and how often they should be offered.

Creams and liquid medicines had been dated when opened. This was to make sure that they were not used for longer than the recommended guide lines.

There was an appropriate system in place for the receipt and return of people's medicines and a comprehensive auditing process was carried out to ensure that people's medicines were handled in line with the provider's policies and procedures.

Only staff members who had been appropriately trained were able to administer people's medicines and the registered manager carried out competency checks to make sure that people received their medicines in a safe way.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with felt that the staff team currently working at the service knew their loved ones well and had the skills and knowledge they needed to meet their needs. One relative told us, "I think the staff are caring and well trained, they know what help [their relative] needs and they support [their relative] very well." Another explained, "They [staff team] have had in-house training to help them. They know [person using the service] and I am very satisfied with the support."

The registered manager explained that all new members of staff had been provided with a comprehensive induction when they had commenced working at the service. Staff members we spoke with and records seen confirmed this. One staff member told us, "I had two weeks induction both day and night and I met [people using the service]." Another explained, "I had two weeks induction, I read the support plans and observed people's daily routines so that I got to know them [people using the service].

We looked at the training records to see what training the staff team had been provided with. We saw that whilst some members of staff had completed training on subjects such as safeguarding, food hygiene and health and safety, others, one of whom had been working at the service for seven months, had not. We also noted that not all of the staff team had been provided with training on autism awareness or training on learning disabilities, particularly the new members of staff who had not experienced working with people with a learning disability before. Completion of this training would ensure that the whole staff team understood about recognising people's strengths, promoting individuals independence and giving people information in an appropriate format that provided information and promoted choice with responsibility.

By the end of our inspection a training plan had been developed and the staff team had been booked onto the necessary training. This would ensure that all of the staff team had the necessary skills and up to date knowledge to meet the needs of those in their care.

The staff team had been provided with regular supervision, (Supervision provides staff members with the opportunity to meet with the registered manager to discuss their progress within the staff team and to discuss any issues, suggestions or concerns they make have.) Team meetings had also been held.

The staff members we spoke with told us that the registered manager was supportive and available if they needed them for any help or advice. One staff member told us, "I do feel supported; they [registered manager] are always trying to find out if I'm ok." Another told us, "When I have any questions, I ask [registered manager] she is always available and very supportive."

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

People 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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit two people using the service had an authorised DoLS in place and the conditions of these authorisations were being met.

A number of staff members had received training on the MCA and DoLS. Those who had yet to complete this training were due to commence this in the near future. The staff members we spoke with during our visit understood the principles of the MCA and DoLS. One staff member told us, "It is about people being able to decide what they want to do and not be restricted unless absolutely necessary."

Mental capacity assessments were included in the records we looked at. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well. We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff members gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always ask people first if they are happy for me to help them." Another explained, "I always check that [people using the service] are alright with me helping them, they can choose which worker they want support from."

During a walk around the service it was noted that some areas were looking rather tired and in need of tidying up and of decoration. The operations manager explained that the bathroom and shower were due to be replaced, late June or early July 2016 and a plan of decoration would then commence.

We noted that the furniture in the garden was in poor condition, this included a table that was unsuitable to use and the garden was rather overgrown and unwelcoming. The registered manager explained that the gardener was due the week of our visit. This was confirmed on checking documentation held and pictures received of a newly attended too garden following our visit.

People using the service had been involved in devising the weekly menu and were supported to eat and drink a variety of foods. Alternatives to the meals served were always available and once a week people had the opportunity to have a takeaway meal. During meal times people were offered a choice of where to sit and were gently encouraged to eat their meal. At lunch time we observed one person being supported to make their own sandwich and drinks and snacks were offered throughout our visit. People using the service were supported to assist in the kitchen at meal times. The main meal of the day was at 5pm and people had allocated days when they were encouraged to assist the staff member with this task.

The staff team monitored people's weight on a monthly basis and where necessary, referrals to the dietician had been made. One relative we spoke with told us, "They [staff team] have really helped [person using the service] to lose weight, her health is so much better now."

People had access to all the relevant health professionals such as doctors, dentist and community nurses. This was evidenced in people's records and through talking to their relatives. One relative told us, "They [registered manager] got the psychiatrist involved in [person using the service] care. They take her health seriously.

Good

Is the service caring?

Our findings

We observed the staff team supporting the people using the service and on the whole support was carried out in a caring manner. The staff members spoke to people in a friendly way and offered support in a relaxed manner. We did note one occasion however when a person was assisted to wipe their face without any communication from the staff member.

Relatives of people using the service told us that the staff team were kind and caring. One relative told us, "I feel the current carers we have got are very good. They are capable and caring and treat [person using the service] well." Another explained, "They [staff team] are very caring and nothing is too much trouble."

We spoke with the staff team and they gave us examples of how they maintained people's privacy and dignity. One staff member told us, "I always close the door when I am providing personal care; I also make sure they [people using the service] have their dressing gown on when I assist someone with a shower." Another explained, "I always close the door when I am assisting someone and I talk to them and put them at ease, it is important to make people feel comfortable."

When supporting two of the people using the service out in the community, the staff team had a calm and reassuring manner. They were confident, and caring. They gave the people using the service the time and support they needed and worked well to alleviate one person's anxiety when they became agitated.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes within daily living. We found that they did. The staff team knew what people liked and disliked. For example one person loved pasta, whilst another loved fish and chips, when we looked at the weekly menus, these preferences had been incorporated into the menu. One of the people using the service told us, "I like colouring. Red is my favourite colour. Yes, I like to watch TV music." When we checked this person's plan of care these things were all included.

We observed a staff member helping a person using the service back to their chair. They did this in a very supportive way. They made sure the person's table was at the right height and their foot supports were replaced and back in position. They then asked the person "What would you like to do now – colouring or a puzzle?" This showed us that the staff member involved the person in deciding how to spend their time.

The staff team supported the people using the service to make decisions on a day to day basis. For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Relatives told us that they could visit at any time. One person told us, "I am always made welcome when I visit, I call them [staff team] before I go and [person using the service] is always waiting for me." Another told us, "We visit regularly, they [staff team] are lovely and nothing is too much trouble."

There were processes in place to ensure that information about people was treated confidentially and respected by the staff team. For example, a confidentiality policy which staff had to adhere to was in place. Information about people was shared on a need to know basis. People's plans of care were kept in a locked filing cabinet and the computer was password protected. The room in which people's records were kept was also kept locked when not in use.

Good

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives. A relative told us, "They [registered manager] came out to see [person using the service] to carry out an assessment of what help was needed."

The registered manager confirmed that they always visited anyone interested in living at the service before they moved in. This was so that their care and support needs could be assessed and for the registered manager to satisfy themselves that the staff team at Herons Lodge could meet those needs. Relevant information had also been obtained from people's relatives and other support agencies involved in the person's care and support.

We looked at two people's plans of care and saw that an initial assessment had been completed by the registered manager. From the initial assessment a plan of care had been developed. This had been developed prior to the person moving in and provided the staff team with the opportunity to get to know what help and support the people needed before they arrived.

The plans of care were detailed and had personalised information about the people in them. This included information about their history, preferences in daily living and how they wished to be supported. One of the files we checked showed us that the person using the service loved to go shopping and going out for a meal. On the day of our visit they were supported to visit MacDonald's restaurant, though this was the drive through rather than sitting in the restaurant, which they were rather sad about. They returned home and ate their meal in the garden.

Staff members we spoke with had a good knowledge of people's care needs and were able to describe in detail the support that people needed.

The plans of care had been reviewed on a monthly basis by the person using the service and their key worker. (A keyworker is an identified member of the staff team who is responsible for ensuring that the person gets the care and support they need and generally looks out for them.) During these meetings the person using the service and their key worker discussed their care and support needs. They looked at what within the plan of care was working, what if anything within the plan of care was not working and what if anything needed to be done. This ensured that the plan of care remained current and up to date. Weekly meetings with their keyworker were also held providing opportunity to discuss their on going care and support.

Yearly reviews of people's care needs had also been carried out. These involved the person using the service, their key worker, family members and whenever possible their social worker. This ensured that people were provided with as much choice and control over their care and support needs and further opportunity to discuss any concerns they may have had.

Weekly meetings were held which everyone using the service attended. At these meetings the weekly menus

were devised and health and safety issues and activities that people would like to participate in that week were also discussed.

People were supported to attend day services. Four of the people using the service attended a day service five days a week, one person was supported to attend a day service twice a week and one person was supported to attend a day service once a week. For the people who remained at the service we were told that the staff team supported them to participate in activities. We checked their records to see how they were supported to spend their time. We did note that one person's record showed that they spent their time 'relaxing' or 'sitting in the quiet lounge'. We questioned whether this was classed as an 'activity'. The registered manager explained that this person sometimes got agitated and this was how they liked to calm themselves.

Other recorded activities included a visit to the local pub, reading, walk to the local park and a visit to the local shops. A staff member also told us, "We try and get out for a drive at the weekends. We went to Foxton Locks recently to feed the ducks."

Some people attended a local disco. When we asked one of the people using the service if they like going to the disco they told us, "Oh yes. And I dance, in my wheelchair." A staff member explained that one of the people using the service did not usually like to do much and needed a lot of persuasion, but they loved dancing. They told us, "We go to a disco every month and [The person using the service] is on the dance floor from when we get there until we leave. The disco is from 6pm to 8.45pm. We come back for 8.30 for their medicines and to go to bed. The residents are usually in bed at 8pm, and we don't want to disturb their routine." We discussed this with the registered manager and the team leader as this did not reflect person centred care. We were assured that people were supported to get ready for bed after they received their medicines however, they were not made to go to bed and people were able to spend their evening where ever they wanted.

Whilst it was evident in people's plans of care and associated documents that activities and pastimes were offered, there was no visual evidence of this within the service. For example, in the communal areas, the displaying of photographs of activities enjoyed. This would not only be a way of showing that the people using the service enjoyed worthwhile pastimes, but it would enable the people using the service to put their stamp on their home.

People using the service were reminded of the providers complaints process during the weekly meetings held at the service and a copy of the process, which was available in easy read format, was displayed. The registered manager confirmed that there had been no concerns raised in the last 12 months. Relatives spoken with knew who to talk to should they have a concern of any kind. One relative told us, "I would speak with [the registered manager] she would deal with any issues." Another told us, "I would talk to the manager or the staff and then social services if necessary."

Good

Is the service well-led?

Our findings

There was a registered manager in post. During our visit we observed them chatting with the people using the service and to the staff team and we observed them supporting people with their daily lives. It was evident from our observations that good relationships had been built between them, the people using the service and the staff team.

Relatives we spoke with told us that the registered manager was approachable and always available to speak with. One relative told us, "[The registered manager] is very, very good, she will always phone me or I can phone her." Another explained, "The manager is really approachable and nothing is too much trouble. We were worried when [person using the service] first went because they had lived at home before moving in, but we are really happy with the place and they have settled in really well."

Staff members we spoke with told us that they felt supported by the registered manager at Herons Lodge. They explained to us that they felt able to speak to them if they had any concerns and they were always available whether in person or on the telephone. One staff member told us, "[registered manager] is always available should you need her." Another told us, "[registered manager] treats everyone the same, I feel very much supported."

Regular staff meetings had been held and these provided the registered manager with the opportunity to update the staff team with any changes in the service being provided. It also provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "Communication is good, staff meetings are useful." We looked at the minutes of the last staff meeting held on 25 May 2016. We saw that the staff team had discussions around the providers whistle blowing policy and abuse awareness, training in moving and handling which was being arranged and a fire safety quiz had also been completed. This showed us that the safety of the people using the service was taken seriously.

People using the service were encouraged to share their thoughts of the service they received. Weekly meetings had been held enabling them to have their say. The minutes of the last meeting showed us that discussions had been held around menus, activities, news about the day to day running of the service and any health and safety issues.

The operations manager had recently developed a survey to gather people's views of the service being provided. They explained that once all of the surveys had been returned, the information included in them would be collated and the results would be made available to everyone. This included in easy read format for the people using the service. This meant that everyone would have access to this information. We looked at the information included in the surveys returned to date and noted that both positive and negative responses had been received. One relative commented, "We are very satisfied with the excellent care and attention that [person using the service] receives." Another stated, "We would like more input with appointments." Both of these comments had been taken on board. The operations manager explained that they were in the process of arranging meetings with the families who had raised issues to discuss their concerns further.

There were monitoring systems in place to check the quality and safety of the service being provided. Monthly checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. The registered manager had also carried out regular audits to monitor the environment and on the equipment used to maintain people's safety. We did note that the monitoring systems had not picked up the lack of training for some staff members. This was immediately addressed. A training plan was developed and the registered manager explained that this would be monitored on a regular basis.

The provider had recently employed a quality and compliance manager to support the registered manager in the monitoring of the service. This would further support the registered manager in identifying and addressing any issues and assist them to continually improve the service.

An outside contractor had recently completed the provider's fire risk assessment. Where recommendations had been made, the registered manager had commenced action on these.

The registered manager was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.