

Caritate Limited

Caritate Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 2 October and 17 November 2015. The inspection was unannounced. This was a focussed inspection due to concerns received by the commission. This report only covers our findings in relation to these concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caritate Nursing Home on our website at www.cqc.org.uk

Caritate Nursing Home is a care home which provides nursing care and accommodation for up to 24 people. Caritate Nursing Home provides short term and longer term care for people, including younger adults, who are living with physical disability and people who may have physical and mental health needs.

The service had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service was not meeting the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards. This is a legal framework that protects the rights of people who are unable to make certain decisions. Where people were deemed as lacking capacity, assessments had not been completed to ensure that staff were appropriately supporting people to make decisions and choices. The staff had a good understanding of how to support people to make day to day decisions but they did not have a good understanding of their legal obligations with regard to the Mental Capacity Act for more complex decisions.

We saw at least one example where potentially a person was deprived of their liberty. There was no documentation to demonstrate that this deprivation was made in the best interests of the person and the registered person had not submitted an application to the local authority for authorisation in relation to this deprivation as required by the Act. CQC is responsible for monitoring Deprivation of Liberty Safeguards. If such a Safeguard is authorised the provider is required to notify CQC, at the time of the inspection we had not received any notifications with regard to this.

Whilst the majority of feedback we received was positive there were at least three occasions where the staff and providers did not work with families and/or other social care professionals in the best interests of the people they were caring for. The Registered managers did not show an understanding of their roles and responsibilities particularly when things had gone wrong. The actions taken by the provider, when there were issues raised with them, did not foster continued and good working relationships. There was not a culture of learning from events and of being open and transparent.

There were breaches of Regulation 11: Need for Consent and Regulation 16 Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition we have made a recommendation that the provider consider how they work with families and carers. You can

see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not effective.

People did not have their freedom and rights respected. Staff were not aware of their responsibilities about protecting people who were not able to make certain decisions. We found the service was not meeting the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The providers did not always foster a culture of openness and transparency when things had gone wrong.

Some people and staff told us that the providers were not always approachable and that on occasions that they could be perceived as being abrupt. The providers did not understand their roles and responsibilities when working with families. Some families did not feel that they were involved in the care of their relative.

Other relatives stated that the providers and staff were very supportive and told us that they felt very involved in the care of their family members.

Apart from the concerns that we received with regard to the providers response when issues were raised with them the providers had effective systems to monitor the quality of service to ensure improvements were identified and acted on.

Staff were aware of the providers values. The majority of staff were positive about the support the received from the providers and management team.

Requires Improvement ●

Caritate Nursing Home

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 quality of the service following some concerns that were raised with us.

This inspection took place on 2 October and 17 November 2015 and was carried out by one inspector.

Before the inspection we looked at the information we have collected about the service. This included notifications. A notification is information about important events which the service is required to tell us about by law. Before an inspection we usually request for the provider to complete a Provider Information Return (PIR). Because this inspection was a focused inspection we had not requested a PIR.

During our inspection we observed care and support in communal areas. We spoke with five people who lived in the home. We spoke with the registered managers, six relatives and six care staff. We also received feedback from a GP and a social worker.

We looked at five people's records. In addition we looked at two staff files. We also looked at incident reports, a sample of policies, duty rosters, and records used to measure the quality of the services that including health and safety audits.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 legal protection for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether people's rights were being protected and that people were not being unlawfully restricted.

Not all staff were aware of the DoLS. A senior member of staff told us that they were aware of the process for making applications for DoLS authorisations however they were aware that "the local authority were overwhelmed with applications so for this reason they had not made any". They stated that they did not want to "waste the local authority's time". They were unaware if there were any DoLS in place for people. During the inspection we observed at least at least one care practise that could be considered a deprivation of liberty or potential restraint. The staff member we spoke to confirmed that a DoLS application had not been made for this practise and there was no evidence that this was the least restrictive option and had been made in the persons best interests.

The requirements of the MCA were not always followed by the provider when assessing people's capacity to make decisions. Staff demonstrated a good understanding of how they would support people to make day to day decisions including looking at non-verbal expressions to confirm agreement or otherwise. However this was not seen in every day practise. This meant that people rights may have been compromised.

We looked at five people's care records and found records of assessments of capacity were not appropriately completed.

The mental capacity assessments that were in place did not contain any evidence of the processes that staff had gone through to check people's capacity and how conclusions around people's capacity to make different decisions had been made. For example staff told us about one person who lacked capacity to make any decisions. We later saw this person conversing with staff, albeit in a limited way. There were no care records in place to direct staff as to how they should support this individual to make decisions, for example presenting information in differing formats or at different times of the day. When we questioned another senior member of staff why a best interests meeting had not been held about a decision that had been made for one person we were told that "GP's and social workers are very busy and we would not bother them for something so trivial". The social worker for this individual told us that she felt that a best interest meeting would have been appropriate and that they would have been happy to attend.

In addition we saw that staff had gained consent from a relative to share information with other health professional. Staff then went on to confirm with us that the individual had capacity to make their own

choices and decisions. Other information in the care plan also demonstrated that this individual had capacity to make choices and decisions. Staff could not explain why they had asked the relative for consent and not the person themselves.

This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support was provided to people by a small staff team, the majority of whom had worked at the service for a long period of time. Some staff reported that they worked well together and felt supported by other team members and by the registered managers. However other staff told us that as everyone had worked together for such a long time relationships could sometimes become strained and that some staff worked harder than others. Some staff, relatives, and other professionals reported that they had observed that sometimes this had a negative impact on the people who used the service, for example having to wait for care to be delivered. Staff told us the providers were at the service at regular intervals and this provided opportunities to share concerns and ideas as well as discussion about their progress and areas for development.

The majority of relatives described the staff team as "excellent" and "like family" however some described the service as "sometimes being short staffed" and that the staff "were very busy". On the day of our inspections visits staffing numbers correlated to the duty rota's and we observed that calls bells were answered promptly.

People and relatives told us that they were able to tell staff if they needed to see the GP or dentist. A GP told us that staff communicated and raised any concerns appropriately with them.

Is the service well-led?

Our findings

The two registered managers are also the providers or owners of the service. Some people, relatives and staff spoke highly of the registered managers. People living at the service told us that the managers regularly visited the service and "got things sorted". The majority of staff were also very supportive of the registered managers. They said there was "an open door policy" and "you can discuss any concerns or queries including issues in your personal life".

Despite the positive feedback we received during the inspection we received other feedback that the registered managers were directive and controlling in their approach to care. This was supported by comments from families and other professionals. Staff at the service quantified this by saying that "the managers did not mean this but that the managers were so passionate about the care and support that they should be providing that they got upset when things went wrong".

It was clear from the documents we viewed and feedback that we received that the managers were not clear on their roles and responsibilities when families did not agree with the care that was being delivered or planned. This included when relatives had legal power of attorney. On one occasion the managers did not act in line with the law when one relative had legal power of attorney.

The registered managers took action, such as restricting visiting or supporting people to attend medical appointments, without the consent of the person. They did not consider if this was in the best interests of the person through consulting with others in a best interest meeting.

There was not always a culture of openness and transparency. The registered managers were able to explain to us what was meant by the term "duty of candour" and acting in an open and transparent way. The registered managers told us that they recognised the value of transparency. However the managers could not demonstrate that they followed the principles of the duty of candour in their day today management of the service. Key decisions following complaints were made without involving people or their relatives. As a consequence of raising their concerns people and relatives did not feel supported and that their concerns were listened to. For example we were aware of one occasion when there had been an accident involving a person at the home. An appropriate and full investigation had been completed following this incident. This included learning from this incident to reduce the risk of this occurring again. However the managers did not share the outcome of this investigation in an open and transparent way with the individual's family. There was limited written evidence to demonstrate that registered managers had taken appropriate action to foster an on-going working relationship with this family and with other families following other incidents when things had gone wrong. The action taken by the registered manager's did not follow the provider's internal complaints procedure which stated "every effort will be made to resolve the complaint and to provide a full response to the complainant within seven working days" and "the proprietor is responsible for maintaining all records relating to a complaint"

This is a breaches of regulation 16: Receiving and acting on complaints of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Audits of care plans, risk assessments and the environment were carried out frequently. The managers were very involved in the care of the people living in the home including completing shifts and reading through and updated records at least weekly. However the registered managers had not identified that mental capacity assessments and DoLS were not up to date and completed correctly. The registered managers also completed an annual quality assurance audit of the service; records were kept to indicate what had been checked, what actions needed to be completed and if and when these had been done. Staff told us they were made aware of the outcome of these audits so they could understand what needed to happen and why.

There were policies and procedures in place however some of these had not been updated for some time. There was a risk that the policies were out of date and did not fully reflect the needs of the service and the people using it.

The registered managers clearly knew all the people and staff well and normally worked in the home Monday to Friday. One of the registered managers told us that this included working occasional night duties. This enabled them to monitor the standards of care at all times of the day. The managers/providers told us that that they were on call 24 hours a day if needed. Staff were positive about the support they received from the managers/providers. Staff told us "We are like a big family here, we are very supportive of each other", "The people who live here are our priority" and "It's lovely working here. We've had some really positive feedback from families about the care we provide."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Diagnostic and screening procedures | Capacity assessments were not appropriately completed for those people deemed to lack capacity to make decisions. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints |
| Diagnostic and screening procedures | There was not an established, effective accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons., |
| Treatment of disease, disorder or injury | |