

Merry Den Care Limited

Leighton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on the 26 January 2017. Leighton House provides personal care support to people who have learning disabilities, mental health problems and sensory impairments. People either lived independently in flats or lived in shared houses. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care.

There was a registered manager in post. 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. However the care coordinator helped us with our inspection as the registered manager was unavailable.

We carried out an announced comprehensive inspection of this service on 17 August 2016. A breach of legal requirements was found. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of regulation 11.

We undertook this focused inspection to check that they had followed their plan and to confirm they now met legal requirements in relation to a breach of regulation 11. This report only covers our findings in relation to this requirement within the domain of 'Is this service effective?' and a recommendation we made within the domain of 'Is this service safe?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leighton House on our website at www.cqc.org.uk"

At this inspection we found action had been taken to record and assess people's mental capacity to consent to specific decision about their care. The registered manager and care coordinator had received additional training in the Mental Capacity Act (MCA). They had plans to deliver workshops to staff to enhance their awareness in supporting people within the principles of the MCA.

We also found that the provider had acted on our recommendation and had reviewed their recruitment process to ensure all staff were physically and mentally able to carry out their role.

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 ●

This service was safe

We found that the provider had acted on our recommendation and had reviewed their recruitment process to ensure all staff were able to carry out their role.

Is the service effective?

Good ●

The service was effective.

We found action had been taken to ensure the service was effective. Staff were knowledgeable about the principles of the MCA. People's mental capacity had been assessed and recorded.

Leighton 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 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 inspection took place on 26 January 2017 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 17 August 2016 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe and is the service effective? This is because the service was not meeting one legal requirement and we also made a recommendation to the provider.

Before the inspection, we looked at provider's action plan that was sent to us after our last comprehensive inspection. At this inspection we spoke with the service's care coordinator and looked at information relating to people's lawful consent to their care and support and the provider's recruitment processes. We also spoke to the registered manager by telephone.

Is the service safe?

Our findings

At our inspection of 17 August 2016, we found that the provider had not established if new staff were physically and mentally fit to carry out their role. We recommended that the provider sought guidance about obtaining satisfactory information about the physical and mental health of new staff.

At this inspection we checked to see if the provider had acted on our recommendation.

We found that the provider had reviewed and updated their recruitment policy and job application forms to include a health questionnaire. We were shown examples of completed health questionnaires and the actions the provider had taken to address any disclosed physical or mental health issues. For example, the provider had made reasonable adjustments for two new staff members to ensure they could carry out their role effectively. This meant there were fit and proper persons employed to provide the regulated activity of personal care.

Is the service effective?

Our findings

At our inspection of 17 August 2016, we found that best interest decisions had been made on behalf of people without initially assessing their mental capacity to make their own decisions.

At this inspection we found that actions had been taken to improve the documentation regarding the assessment of people's mental capacity and staff understanding of the principles of the Mental Capacity Act (2005).

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.

We were shown training certificates which indicated that the registered manager and care coordinator had carried out additional training on the local authorities 'The Mental Capacity Act 2005 practitioner course.' We discussed the principles of the MCA with the care coordinator and found they were fully knowledgeable about the code of practice of the Act.

The care coordinator was respectful of people's opinions and views. For example, at the start of the inspection the care coordinator asked the permission of one person if we could sit in their lounge to discuss the inspection. Later on, the care coordinator offered the person a choice of drinks and whether they wanted to look at their care plan which they accepted.

All staff had been in trained in a basic awareness of the MCA principles. We were told the registered manager and the care coordinator were planning to become accredited trainers. Plans were in place for them to deliver several MCA workshops to all staff to ensure the principles of the MCA was embedded in their care practices and within people's care records. The care coordinator said, "This will really help us to ensure that staff fully understand the MCA and their responsibilities to ensure people are always given the opportunity to make decisions about their care and life."

Staff had access to MCA guidance such as the local authority MCA multidisciplinary policy, the provider's policy and other information and resources on the principles of the MCA.

We were shown recorded examples of where people's mental capacity had been assessed to make specific decisions. A generic mental capacity statement was also within each person's care plan to remind staff about the principles of the MCA such as people's capacity cannot be determined by their age or appearance.

We were told that people would be supported to have access to an advocate such as an Independent Mental Capacity Advocate (IMCA) if they needed independent support with decisions about their accommodation and health care. An advocate represents the best interest of people and may speak and

work on behalf of people.