

Nightingale Retirement Care Limited

Nettlestead Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service effective?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 and 7 January 2015. A breach of legal requirements was found. This was because arrangements for people who may not have capacity to make decisions did not always follow legal requirements.

After the comprehensive inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to this breach. They told us they would complete the action required by 20 March 2015. We undertook an unannounced focused inspection on the 8 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the focused inspection for part of the key question is the service effective? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Nettlestead' on our website at www.cqc.org.uk. We did not re-inspect the key question, is the service well led at this inspection on 8 June 2015. This had also been

rated as "Requires Improvement" at the inspection on 6 and 7 January 2015 this was because although there was no breach of regulations found at the comprehensive inspection in January 2015 for that key question there were areas for improvement. We will review that rating at our next full ratings inspection

Nettlestead provides accommodation and personal care for up to 22 people. At the time of this inspection there were 21 people using the service. There was a registered manager in place. 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. The registered manager understood their responsibilities as a registered manager and notified CQC appropriately of significant events.

At this inspection we found that processes were in place to follow the Mental Capacity Act (MCA) Code of Practice and Deprivation of Liberty Safeguards (DoLS). These are

Summary of findings

safeguards to protect people who may not have the capacity to make particular decisions. The provider had reviewed their policies and the management team had received further training in this area. Staff had a pocket guide to remind them of their responsibilities and told us the manager regularly discussed capacity and consent issues with them if they had any queries.

People's records confirmed their capacity to consent to a number of decisions was considered when they were admitted to the home and this was reviewed. We saw

applications for authorisation for DOLS were made appropriately. Where people had capacity their consent had been sought in relation to possible restrictions for their safety such as the use of a stair gate to reduce the risk of falls and a risk assessment was in place.

In view of the changes made and the fact there were no other breaches or concerns in this key question at our last inspection we have revised the rating for this key question; to improve the rating to 'Good'. The overall rating for the service is therefore now Good.

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 effective?

We found that action had been taken to improve the effectiveness of the service. There were systems in place to follow the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards. Policies and procedures had been updated. Staff were aware of their roles and responsibilities under the law.

The provider met the legal requirements and we have revised the rating for this key question to improve the rating to 'Good'

Good



Nettlestead Care 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 overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Nettlestead Care Home on 8 June 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 6 and 7 January 2015 had been made. We

inspected the service against part of one of the five questions we ask about services: is the service effective? This was because the service was not meeting a legal requirement in relation to that question at the last inspection.

The inspection was undertaken by one inspector and was unannounced. Before the inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. During the inspection we spoke with the manager and five care staff and we looked at paper and electronic care records of three people who used the service. We looked at policies related to consent and mental capacity.

Is the service effective?

Our findings

At the inspection on 6 and 7 January 2015 we found a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in regard to consent where people may lack capacity to make decisions. Staff were aware of the need to obtain consent before providing care or support. However procedures to follow the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not in place to ensure people's rights in respect of decision making and safety were always respected. (These are safeguards to protect people who may not have capacity to make some decisions.) Assessments of people's capacity to make a decision had not always been completed and applications for authorisations for DoLS to protect people in some circumstances had not been considered when needed. Staff did not always fully understand the MCA Code of Practice and their responsibilities under it.

At this inspection we spoke with the manager who told us the management team had all received fresh training on MCA and DoLS and felt clear about their responsibilities. The manager was able to explain what their responsibilities were. We saw where people had capacity consent had been given for the use of a stair gate on the top floor to reduce risk of falls and a risk assessment was in place. We looked at three care plans where people's capacity to make some decisions may be in doubt. We saw that people's capacity was considered at the time of admission to the

home and reviewed at regular intervals. There was a decision specific mental capacity assessment record available and where best interest decisions were required these were carried out in consultation with relative and or professionals and were recorded. Where people had power of attorney authorisations the manager had obtained a copy so that staff would be clear to consult with relevant people when needed regarding different decisions.

The manager told us they had made applications for DoLS authorisations one of which had been approved and the others were in the process of being assessed by the local authority. We looked at the authorisations applications and saw they had been appropriately made. The manager was aware of the process for monitoring and review of authorisations.

We spoke with five members of staff who told us they were much more aware of their responsibilities under the MCA code of practice. They were able to talk about how to assess if someone had capacity to make a decision and when an application for DoLS might be considered. They told us they discussed any concerns with the management team and the manager regularly discussed aspects of this at handovers and in supervision. They also had a printed quick guide for reference which they carried with them. The provider's policies had also been updated to reflect the changes in procedure and in line with the codes of practice for MCA and DoLS to provide an up to date more detailed guide for staff.