Central and Cecil Housing Trust

Rathmore House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

At the last unannounced inspection on 4 February 2016, we found that the provider was not meeting the regulation with regards to consent to care and treatment and the Deprivation of Liberty Safeguards (DoLS). After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm if they now met the legal requirement. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

Rathmore House is a residential care home for up to 20 people over 65 years of age. Some people or their relatives paid for the care, whilst others had their care commissioned by local authorities. The home is situated in a residential area near Chalk Farm in Camden, North London. On the day of our inspection 16 people were using the service.

A new manager had been appointed and had started in mid-February 2016. They were in the process of registering with the Care Quality Commission to become the 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.

At the last inspection on 4 February 2016, we saw that request for authorisation under the Deprivation of Liberty Safeguards application procedures to ensure people were not unlawfully deprived of their liberty, were not being made appropriately.

We also saw that where a person lacked capacity to sign a consent form for agreeing to their care and treatment at the home, they were not always being signed by an authorised representative. 'Do Not Resuscitate' (DNR) forms did not always evidence discussions having taken place with the person or their representative, as required.

At this inspection we saw that the manager had developed a written table where details of the date a request had been made, the person's name, type of notification and who made the request was recorded. Once an authorisation had been granted the date a notification was sent to the Care Quality Commission was also recorded.

Consent to care and treatment forms were being signed by an authorised representative where a person lacked mental capacity in line with Mental Capacity Act 2005.

There was evidence on the 'Do Not Resuscitate' (DNR) forms that a discussion had taken place with the person or their representative, as required.

At this inspection we looked specifically at the previous breach of regulation 11 in the key area of Effective. The service had been rated as good overall at the previous inspection and this rating has not changed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective. Processes were being followed to lawfully deprive people of their liberty in line with Deprivation of Liberty Safeguards (DoLS) application procedures.

Consent to care and treatment forms were being signed by an authorised representative where a person lacked mental capacity in line with the Mental Capacity Act 2005 .

There was evidence on 'Do Not Resuscitate' (DNR) forms that a discussion had taken place with the person or their representative, as required.

Rathmore 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 19 May 2016 and was unannounced. It was carried out by a single inspector. This was a focused inspection that was carried out to check if improvements had been made to meet the legal requirements planned by the provider after our comprehensive inspection on 4 February 2016.

We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting a legal requirement in relation to this key question.

We spoke with three people who used the service and four staff members including the manager and deputy manager. We also gained feedback from a local commissioner and a health and social care professional involved with the service. We looked at three care records as well as policies, procedures and protocols relating to the Mental Capacity Act 2005 as well as consent to care and treatment.

Good

Is the service effective?

Our findings

At the last inspection on 4 February 2016 one person at the home was clearly making attempts to leave the building and staff told us they were not safe to leave unaccompanied. We saw that no request had been made for an authorisation under the Deprivation of Liberty Safeguards application procedures to ensure this person was not unlawfully deprived of their liberty.

We also saw that where a person lacked capacity to sign a consent form for their consent to care and treatment, they were not always being signed by an authorised representative. There were 'Do Not Resuscitate' (DNR) forms on file. These were signed by the GP but there was no evidence of any discussion having taken place with the person or their representative to ensure they had been consulted about the decision and their wishes taken into account.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 procedure is for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection steps had been taken to ensure that where people were assessed to lack mental capacity, requests had been made for an authorisation under the Deprivation of Liberty Safeguards application procedures to ensure they were not unlawfully deprived of their liberty. The manager had developed a written table where details of the date a request had been made, the person's name, type of notification and who made the request was recorded. Once an authorisation had been granted the date the notification was sent to the Care Quality Commission was also recorded.

Consent to care and treatment forms were being signed by an authorised representative where a person lacked mental capacity in line with the MCA. Where there were concerns or clarification required in terms of who was authorised to sign, managers sought advice from social workers or the Court of Protection.

In the care records we looked at there was evidence on the 'Do Not Resuscitate' (DNR) forms that a discussion had taken place with the person or their representative about the decision and their wishes had been taken into account.

People we spoke with told us they were happy at the home another said, "I am very well and feeling fine".

Staff we spoke with had a good understanding of the MCA and DoLS and was able to tell us how they would

recognise that a person might require a DoLS request. For example, someone who may be requesting to leave the home, who they thought was unsafe to do so unaccompanied and may not have the mental capacity to make that type of decision, may require a DoLS authorisation. They told us they would report any concerns to the senior staff and managers. Staff records showed that all care workers and managers had attended MCA and DoLS training in the past 18 months and the manager informed us that she would be facilitating a briefing on DoLS and the MCA at the next team meeting scheduled for the end of May 2016.