

# Parkcare Homes (No.2) Limited

# New Stead House

## Inspection report

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## Ratings

Is the service effective?

Requires improvement



## Overall summary

At the last unannounced, comprehensive inspection on 4 February 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11. We asked the provider to take action to make improvements to ensure people with capacity were not subject to Deprivation of Liberty Safeguards authorisations and that Mental Capacity Assessments and Best Interests decisions were undertaken and recorded.

This inspection visit took place on the 17 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service was newly registered with the Care Quality Commission in November 2014. The service had been subject to the Serious Concerns Protocol process undertaken by the local authority for the last three months. This was in relation to concerns about medicines administration and the healthcare requirements of people with diabetes. The service had been subject to

daily monitoring in relation to these concerns and it was recognised that New Stead House had prioritised these areas and staff training and recruitment to ensure people were kept safe at the service.

New Stead House provides care and accommodation for up to 12 people who are on the autistic spectrum and may have an associated learning disability. Accommodation is provided via a main house and an annex with self-contained apartments. The home is close to shops, pubs and public transport.

There was a registered manager 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 undertook this focussed inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the previously identified breach of regulation.

# Summary of findings

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The service had applied the MCA, but some care records needed clarification to ensure people with capacity were not subjected to the DoLS process and that where decisions had been made in people's best interests these were clearly recorded.

We found the provider was still breaching Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 although they had undertaken

considerable steps towards achieving compliance. We also took into consideration other priorities the service had been asked to address by the local authority as part of the Serious Concerns Protocol process that New Stead House had been subject to for the last three months. We decided to continue with the requirement for the service to meet this regulation promptly rather than take further enforcement action. You can see what action we took at the back of the full version of this report.

# 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?**

This service required further improvements to be effective.

The registered manager and deputy manager we spoke with understood the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and understood their responsibilities. However some records required improvement to show that capacity was clearly recorded, best interests' decisions were needed and a clear record of when applications had been applied for and authorised should be in people's support plans.

**Requires improvement**



# New Stead 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 was planned to check whether the provider was meeting a legal requirement from our visit in February 2015 in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 Consent.

This inspection visit took place on 17 August 2015.

The registered provider was not asked to complete 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.

We inspected the service against one of the five questions we ask about the service: Is the service effective. We reviewed all of the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the registered provider is legally obliged to send us.

The inspection team consisted of two adult social care inspectors.

During our inspection we spoke with the registered manager, regional manager and deputy manager. We looked at policies and four support plans.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

At our last visit to New Stead House we saw that one person who was assessed as having capacity also had a DoLS in place. This went against the fundamental principles of the Mental Capacity Act 2005 and we asked staff to explore this with the authorising body. The Mental Capacity Act gives legislation to support vulnerable people to make decisions. On this visit we saw that this person was no longer subject to a Deprivation of Liberty Safeguards authorisation but their support plan did not document an appropriate mental capacity assessment showing this person had capacity although it was referred to throughout their individual support plan.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. We looked at the support plans of four people, three of whom had a DoLS in place and one for one person with capacity who did not.

The deputy manager told us that everyone except one person had authorisations in place or were in the process of being applied for. There was not a clear audit trail in support plans of when authorisations had been applied for or were due to expire.

There were not consistent mental capacity assessments in place in the support plans we viewed. These are required to ensure professionals who know people best have assessed someone's capacity to make decisions prior to

authorisations being requested. The deputy manager confirmed this had not always taken place and the service had just used the DoLS application form to state whether they felt someone had capacity or not. We saw that some people had a list of restrictions in place under their DoLS application form such as 1:1 staff support, physical restraint and locked doors but the support plans did not reflect the MCA process and no best interest documents could be found. Another person did have a best interest's decision made in relation to medication but it was not cross referenced to their support plan for medication to staff may not even be aware this was in place.

This meant that mental capacity assessments and best interests' decisions were not consistently completed or referenced in people's support plans. The registered manager and one of the deputy manager's explained the service had been focussing on work required by the local authority's Serious Concerns Protocol process to address issues around medicines and healthcare. This meant the service had not had the time to address this issue from our previous inspection. We were told there was a clear plan to commence the procedural steps as documented in the service's policy and best practice linking to support intervention descriptions. They did explain that they were planning to use the next Care Programme Approach [CPA] meetings for the best interest decision sign off for all issues. They were in talks about this with professionals and this was confirmed with the community nursing disability team after the inspection.

This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 Consent. We discussed with the management team that they should prioritise this work as soon as possible with which they agreed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service must record mental capacity assessments and best interests decisions and ensure support plans clearly reference any restrictions in place for people using the service.