

Park Avenue Healthcare Limited

Park Avenue Care Centre

Inspection report

Park Avenue Care Centre
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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 March 2016. 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 17 June 2016. We undertook an unannounced focused inspection on the 20 July 2016 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 one 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 'Park Avenue' on our website at www.cqc.org.uk.

Park Avenue Care Centre provides care and accommodation for up to 51 older people living with dementia who may have nursing, care and support needs. At the time of this inspection there were 47 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. People's records confirmed their capacity to consent to separate decisions was considered when they were admitted to the home and this was reviewed regularly. Where people had capacity their consent had been sought in relation to possible restrictions for their safety such as the use of bed rails to reduce the risk of falls. Where people were assessed as unable to make a particular decision records demonstrated decisions were made in their best interests. There were copies of power of attorney records kept so that staff understood who might need to be involved or consulted in making best interests decisions.

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 remains the same which is Good.

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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 is 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. 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'.

Park Avenue Care Centre

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 Park Avenue Care Centre on 20 July 2016. This inspection was carried out to check if improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15 and 16 March 2016 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 service, this included the provider's action plan they sent us following our inspection in January 2016 which set out the action they would take to meet legal requirements. During the inspection we spoke with the manager, clinical lead and two nurses and a member of the care staff. We looked at paper and electronic care records of seven people who used the service.

Is the service effective?

Our findings

At the inspection on 15 and 16 March 2016 we found a breach of regulation in regard to consent where people may lack capacity to make decisions. We did not ask people for their views at this inspection as the breach of regulation we were checking on concerned records. 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 checked to ensure the service was working within the principles of the MCA.

At the last inspection on 15 and 16 March 2016 we found although staff were aware of the need to obtain consent before providing people with care or support; documentation to record decisions taken in people's best interests when they lacked capacity to make a specific decision was not always available. Power of attorney records were not always kept to confirm who might need to be consulted about particular decisions.

At this inspection we spoke with the manager and clinical lead who told us staff had all received further training on MCA. They felt clear about their responsibilities and the need to maintain accurate records in relation to MCA decisions. We looked at seven people's electronic and paper records 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, in case of any changes. There was a decision specific mental capacity assessment record available to record the assessment for example concerning the use of bed rails for someone's safety. Where best interests' decisions had been taken they were recorded clearly with the details of who was involved. Decisions in respect of the covert administration of medicines had been considered with the GP and pharmacist in line with good practice. The process recorded who was involved in making decisions in a person's best interests when needed. Where people had power of attorney authorisations there were copies held on record so that staff would be clear to consult with relevant people when needed regarding different decisions.

In view of the improvements made we have now revised the rating for this key question to Good. The overall rating remains as at the last inspection which was Good.