Accredited Care Limited

Meadows Sands Care Home

Inspection report

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11 February 2016

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Ratings

Overall rating for this service	Requires Improvement
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 8 September 2015. A breach of a legal requirement was found. After the inspection the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach.

At the last inspection on 8 September 2015 we found that the provider was not meeting the standards of care we expect in relation to adhering to the implementation of the Mental Capacity Act 2005.

We undertook a focused inspection on 11 February 2016 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection on the 11 February 2016 we found the provider had made improvements in the area we had identified.

The 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 Meadows Sands on our website at www.cqc.org.uk. Meadows Sands provides care for older people who require personal care. It provides accommodation for up to 26 people. At the time of the inspection there were 18 people living at the home.

At the time of the inspection 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection we found staff interacted well with people and people were cared for safely. Staff knew a lot of information about each person. The care plans showed how people's mental capacity had been assessed and when best interest meetings had been held to discuss each person's needs. Where appropriate applications had been made if a person's liberty was being deprived. Staff had received update training in the Mental Capacity Act 2005 and how to ensure people lived in a safe environment suited to their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

At our previous inspection we found that the implementation of the Mental Capacity Act 2005 was not being adhered to. At this inspection we found that action had been taken to improve the safety of the effectiveness of the service.

This meant the provider was now meeting legal requirements.

Records were being kept to show when people's mental capacity had been assessed and when best interest meetings had been held if people could not make decisions for themselves.

Appropriate applications had been made if staff had assessed people required to be deprived of their liberty because they could no make decisions which would prevent them from harm.

Staff had undertaken update training in the Mental Capacity Act 2005 and how to safeguarding people from harm.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Meadows Sands Care Home

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 11 February 2016. This inspection was completed to check that improvements to meet a legal requirement with regard to adhering to the implementation of the Mental Capacity Act 2005 had been completed. The provider sent us an action plan and told us this would be completed immediately.

The inspector inspected the service against one of the five key questions we ask about services; is the service effective. This is because the service was not meeting a legal requirement in relation to that section.

One inspector took part in the site visit.

During our inspection we observed care. We spoke with the registered manager, a senior care and a care worker. We looked at four care plans, training certificates of staff, applications for DoLS and the registered manager's action plan.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 8 September 2015 we identified that the Mental Capacity Act 2005 was not being adhered to and implemented correctly by staff. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 11 February 2016 we found that the provider had followed the action plan they had written to meet the shortfalls in relation to Regulation 11 described above.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

Care plans were kept in paper format and on computer, we saw both. We saw in the care plans that capacity assessments had now been completed to see whether each person could make decisions for themselves. Where this was not so staff had conducted a best interest meeting. This involved the person themselves (if they were able to contribute), the person's advocate and other health professionals. The assessments also took into consideration how each person's ability not to be able to make decisions for themselves impacted on their health, well-being and safety.

In one care plan a person was restless at night and during the day due to their lack of awareness of time and ability to decide what time of day or night it was. This prohibited them having a restful sleep. Staff had put a strategy in place to ensure the person was situated in a restful environment at different times of the day and night. Staff had then recorded how often the person was sleeping and if this improved their restlessness. In anther care plan a person's inability to make decisions for themselves was preventing them from ensuring they maintained a balanced diet and they became agitated with staff when approached at meal times. Staff had clear instructions on how to offer tempting food throughout the day and night and this was recorded, along with the person' weight. Staff knew the triggers for the person's agitation and described how they would ensure the person and others living at the home remained safe.

Two people had been assessed and best interest meetings had been held to see how their inability to make decisions was each day. Applications under deprivation of liberty (DoLS) legislation had been made. We saw the applications had been sent. The registered manager told us they were tracking their progress and keeping families informed. This was recorded on each person's care plan.

Each member of staff had received update training in the Mental Capacity Act 2005 (MCA). The registered manager and deputy manager had also completed a more advanced course on DoLS. In addition staff told us they had received training in equality and diversity and safeguarding people. This was confirmed on the training planner.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.