HC-One Limited

Ashington Grange

Inspection report

Moorhouse Lane
Ashington
Northumberland
NE63 9LJ

Tel: 01670857070
Website: www.hc-one.co.uk/homes/ashington-grange/

Date of inspection visit:
02 February 2017

Date of publication:
13 March 2017

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 21 and 22 July 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection 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 those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashington Grange on our website at www.cqc.org.uk.

We found action had been taken to address the shortfalls identified at our last inspection and the provider was now working within the principles of the Mental Capacity Act 2005 (MCA).

People's capacity to make decisions had been assessed. Records of mental capacity assessments and best interests decisions were detailed. People's choices and decisions about their care and treatment were respected. All staff had received additional training in MCA, and how it was applied in practice was discussed regularly at both group and individual supervisions sessions.

This meant that the provider was now meeting Regulation 11.

We have changed the rating of the effective domain from 'requires improvement' to 'good'. This was because records showed the improvements had been sustained over a significant period of time. This has not affected the overall rating for the service which remains at 'good'.

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.

We found action had been taken to improve the effectiveness of the service.

The provider was working within the principles of the Mental Capacity Act (2005) (MCA).

People's capacity had been assessed and their right to make decisions about their care and treatment was respected.

Records showed this improvement was embedded into practice over time and therefore we have changed the rating of this domain to 'Good'

Ashington Grange

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 an unannounced focused inspection of Ashington Grange on 2 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service effective?

The inspection was carried out by one inspector. We looked at records relating to the Mental Capacity Act (2005) for nine people who used the service. We additionally looked at records relating to staff training and management of the home. We also reviewed information we held about the service, including any statutory notifications that the provider had sent us. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service, or other matters that the provider is legally obliged to inform us of. We spoke with registered manager and two members of staff. On this occasion, we did not ask for a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Good

Is the service effective?

Our findings

At our comprehensive inspection on 21 and 22 July 2015 we found the Mental Capacity Act (2005) (MCA) had not been followed. People's capacity had been assessed but the assessments were not 'decision specific'. People had been assessed as unable to make decisions about 'receiving treatment' but the assessment did not detail why people would be unable to make simple choices relating to their care, for example, whether if they wanted to have a bath or a shower or what they would like to eat.

Where significant decisions had been made on people's behalf, such as the decision to administer medicines covertly, assessments were unavailable. This meant the provider could not evidence that they were upholding people's rights in relation to decisions about their care and treatment.

This was a beach of Regulation 11. The need for consent.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 11 described above.

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

The provider was working within the principles of the MCA. We saw where significant decisions had been made on people's behalf their capacity had been assessed. Some people who used the service received their medicines covertly, or had a pressure sensor in place which alerted staff if they got out of bed, because they were at risk of falling over. We saw in these instances detailed records had been kept as to the capacity assessment process. To determine capacity staff had discussed the decision with people, to check their understanding. People had been approached three times, at different times of the day, and records kept of the conversations. Where it was determined that people did not have the capacity to make the decision then relevant parties, such as families, care managers, GPs, pharmacists and other healthcare professionals had been consulted in determining what was in people's best interests. This meant the principles of the MCA were being followed.

We saw one person had fluctuating capacity. This person was at risk of falling out of their bed and staff had considered whether putting a mat next to the bed may reduce the risk of this person hurting themselves if they were to fall. The mental capacity assessment showed this person had been able to communicate that they understood the risks to them, and the benefits of placing a mat next to the bed, but they were clear they did not want to have the mat in place. This decision had been respected and this meant people's rights had been upheld.

Since our last inspection all staff had received further training on MCA. The application of MCA had been added as a discussion topic within both individual and group supervisions. Supervisions sessions are

opportunities for staff to discuss the needs of people they support and the care they provide. We saw from supervision records that the MCA had been discussed regularly in supervision sessions since August 2015. This meant staff understood the practicalities of the MCA and how it was applied day to day.