

Akari Care Limited

Ayresome Court

Inspection report

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Ratings

Overall rating for this service

Good



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced focused inspection of this service on 21 July 2015. The inspection team consisted of one adult social care inspector.

At the last unannounced, comprehensive inspection on 4 February 2015, we identified breaches of the Care Quality Commission Registration Regulations 2009. We asked the provider to take action to make improvements. We asked the provider to ensure they notified CQC without delay of the incidents specified in paragraph 4A of Regulation 18 Care Quality Commission Registration Regulations 2009 in relation to a request to a supervisory body for standard authorisation under the 2005 Mental Capacity Act. We also asked the provider to ensure they had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them under Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 - Consent to care and treatment. The provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

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 breaches of regulation.

Ayresome Court provides nursing and personal care for up to 43 people, close to Yarm and Stockton.

The service had 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.

We saw that appropriate mental capacity assessments had been undertaken and submitted to the authorising body as appropriate, although work was still required to make sure these assessments were consistently completed. The service had also sought help, advice and

Summary of findings

training from the local authorising body, which they said had helped them complete assessments and understand the process and implications of the Deprivation of Liberty Safeguards (DoLS) better.

Since the last inspection the service had submitted notifications about all notifiable incidents and DoLS authorisations to the Care Quality Commission as required and these had been done in a timely manner.

We looked at the care plans for four people who were currently subject to a Deprivation of Liberty Safeguard authorisation. Although all relevant paperwork was completed and in place in relation to the authorisation

process, further information was not consistently recorded regarding best interests' decisions or whether lasting power of attorney was in place for some individuals.

Whilst it was recognised the service had significantly improved in ensuring appropriate DoLS and mental capacity assessments were in place since the last inspection in February 2015, further work was still required to ensure the service fully meets the requirements of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 - Consent to care and treatment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ayresome Court on our website at www.cqc.org.uk

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?

The service was still not always effective.

The service had undertaken basic mental capacity assessments where required and requested appropriate assessments for a Deprivation of Liberty Safeguard (DoLS) authorisation. These capacity assessments could still be improved as they were not completed consistently.

The service had sought advice, training and support from the local authorising body in relation to submitting authorisations and further training was scheduled.

Care plans could be improved to show where a DoLS was in place for a person and what this restriction would mean.

The service was submitting timely notifications to CQC in relation to DoLS authorisations.

Requires improvement



Ayresome Court

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 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 focused inspection took place on 20 July 2015 and was unannounced. We inspected this service on one of the five questions we ask about services; Is the service effective? This was because we were focusing this inspection on the breaches of regulation we identified during our last comprehensive inspection, to see if the registered provider had made improvements.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquiries received. No concerns had been raised since their last inspection on 4 February 2015.

We spoke with the registered manager, the newly appointed deputy manager, the clinical lead, the regional manager and two members of care staff. We looked at records in relation to the service and we looked at the care records of four people.

During this visit, we checked to see what improvements had been made since our last inspection.

Is the service effective?

Our findings

At our last comprehensive inspection of the service on 4 February 2015 we found nursing staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but not every staff member knew about the requirements of the Act. Records were inconsistent and did not show that staff had always appropriately completed capacity assessments. Some were of good quality and involved the person whilst they were not in place for other people or partially completed for others. The manager stated they would address this straight away. This was a breach of Regulation 18 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we arrived at the service we spoke with the registered manager, the newly appointed deputy manager, the regional manager and the clinical lead. The registered manager had been acting manager at the time of our last inspection and was now fully registered with the Care Quality Commission. Additionally a new deputy; a registered nurse, had just commenced at the service in the last week, and a clinical nurse lead was also in place since our last visit.

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 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.

Since our last inspection we saw that six people were now subject to DoLS authorisations and there were seven assessments pending with the local authorising body. The service had completed the required notification to CQC of these authorisations in a timely manner.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed 44% staff had received recent training in the principles of the MCA. Not all staff had a good understanding of these principles, their responsibilities and the procedures which they needed to follow. Not all staff understood the potential restrictions which could be placed upon people. We discussed this with the

management team who stated they would request the authorising body who had provided training previously to the home should return to provide more training and support. Following the inspection, we were informed the service had booked further training in this area for September 2015.

The quality of recording in relation to mental capacity assessments for people living at Ayresome Court was still variable. Of the four care records we looked at we saw that people had all the appropriate DoLS administration in place but there was not a clear DoLS care plan for three of the four files we viewed. We found that there were still no records in place to show that staff made 'best interest' decisions. Two people had family members who were legally appointed power of attorney, but this was not clear from looking at their care plans. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves. The lack of detail about people's relatives, advocate or an independent mental capacity advisor (IMCA) involvement meant that we could not always be sure if any decisions made on the person's behalf were done so after consideration of what would be in their best interests. We discussed with the management team that all mental capacity assessments should be reviewed to ensure consistency and that everyone subject to a Deprivation of Liberty Safeguard authorisation should have a separate care plan about their DoLS in place. This should clearly show any restrictions that were in place, any best interests decisions, any lasting power of attorney details and any other appropriate recording to ensure the human rights of people who may lack mental capacity to take particular decisions were protected.

DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. DoLS authorisations can only be used if the person lacks capacity to make decisions; the choices they wish to make would put them at risk of harm; and they cannot agree to their liberty being restricted. We found that the registered manager recognised that further action was needed to ensure that records were consistent and complete and staff understood how to apply the requirements of the MCA.

Is the service effective?

Whilst it was recognised the service had significantly improved in ensuring appropriate DoLS and mental capacity assessments were in place since the last inspection in February 2015, further work was still required

to ensure the service fully meets the legal requirements. This was still a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

Mental capacity assessments must be carried out consistently and Deprivation of Liberty Safeguards authorisations should be care planned along with any decisions made in peoples' best interests.