

St David's APL Limited

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Inspection report

St David's
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23 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 home was effective.

People's rights under the Mental Capacity Act 2005 were protected as staff had a good understanding of the principles of the act. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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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 checked whether the provider is meeting the legal requirements and

This inspection took place on 23 March 2017 and was unannounced. One adult social care inspector undertook the inspection. During the inspection we met four people who lived in the home and spoke with one person in detail. We spoke with the provider, registered manager, the assistant manager and a member of staff. We reviewed the care files for three people and reviewed the associated documents relating to assessing their capacity to consent to their care and treatment.

Is the service effective?

Our findings

At our previous inspection in September 2016 we found the Mental Capacity Act 2005 (MCA) was not fully understood or being applied by the registered manager and staff. Mental capacity assessments and best interests decisions were not routinely considered or completed as you would expect in a service where people may not have capacity to make specific decisions. We also found people were not always able to move freely around their home. This was due to the dining room being locked unless a staff member was present. This meant people's freedom to move around the home and have choice about using the communal dining room was restricted. The home had not assessed whether restriction's placed upon people's movements in and out of the home, such as continuous supervision, was a deprivation of their liberty.

This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection in March 2017, we saw action had been taken to remove the restrictions in place around the home and to meet the home's legal requirement to assess people's capacity to consent to their care and support. Where people were unable to consent to their care and support, best interest decisions were made on their behalf.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager and staff confirmed they had all received training in the MCA and DoLS. The provider, registered and assistant managers were also in the process of completing more advanced training and this was due to be completed in June 2017.

People's capacity to understand and consent to the support identified within their care plan to meet their day to day care needs and to keep them safe had been assessed. Where the assessments identified people lacked capacity to consent to receive this support, such as taking medicines for health conditions, best interest decisions had been made on their behalf. The staff and registered manager gave us examples of how they had consulted with others involved in people's care, including relatives and healthcare professionals, to reach these decisions. For example, they told us they had been involved in reviewing

whether an invasive medical procedure would be in a person's best interests.

One person lacked capacity to understand and consent to the need to have a staff member or a relative with them when they went out of home to keep them safe. An application had been made to the supervisory body to authorise this restriction and this was in the process of being assessed. The registered manager confirmed that all the other people living in the home who required supervision when out of the home understood why this was necessary and could consent to having staff with them.

The restrictions preventing people using the dining room and kitchen had been removed. People were now free to enter and use the dining room as and when they wished. To warn people the kitchen might not be safe to use unsupervised, for example, due to hot saucepans on the hob, staff placed a red tape across the entrance of the kitchen. Staff told us they remained in the kitchen when preparing meals and the tape was used as a precaution. People could still use the kitchen to make themselves drinks and snacks or to help staff prepare meals.