Bestcare UK Limited

Saxondale Nursing Home

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 and 27 January 2015 at which a breach of legal requirements was found. This was because consent for care and treatment was not always sought in accordance with legal frameworks, namely the Mental Capacity Act 2005.

After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet the requirements of the breach. We undertook a focused inspection on 4 June 2015 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 this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Saxondale Nursing Home' on our website at www.cqc.org.uk'

Saxondale nursing home is registered to provide care for up to 36 older people who may be living with dementia or mental health needs. There were 34 people living there at the time of our inspection.

The service's registered manager from our last inspection was still 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on 4 June 2015, we found that the registered provider had followed their plan which they had told us would be completed by the 23 April 2015 and legal requirements had been met.

We saw assessments in place to show where people did not have capacity to make and consent to specific decisions themselves. Information was provided about

Summary of findings

how people were to be supported so that any care or treatment was in the person's best interests. Care plans were reviewed to show that the support was still appropriate and make any amendments where required.

Staff utilised different methods to obtain consent from people where they were able to. Care plans we looked at were written in a person centred way and captured people's views and preferences as to how they were to be supported. During our observations we saw staff offered choice when they supported people and supported people in line with their preferences and with their consent.

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?

We found that since our last comprehensive inspection, action had been taken to improve the effectiveness of the service.

Consent was sought from people, and decisions were made, in accordance with the principles set out in the Mental Capacity Act 2005.

Personalised information was captured about people's views and preferences as to how they were to be supported. This helped staff to make decisions in people's best interests where required.

This meant that the registered provider was now meeting the requirements of the regulation.

Whilst 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. We will review this at our next planned comprehensive inspection.

Requires improvement

Saxondale Nursing Home

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.

We undertook a focused inspection of Saxondale Nursing Home on 4 June 2015. This inspection was to check that improvements planned by the registered provider to meet legal requirements after our comprehensive inspection of 26 and 27 January 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service effective.

The inspection was undertaken by one adult social care inspector and was unannounced which meant no-one was aware that we would be visiting on that date.

Before our inspection we reviewed the information we held about the service, this included the registered provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we spoke with the registered manager and looked at the care records of four people, financial records of two people, the service's training matrix and relevant policies. We spent some time observing care practice within the home.

Requires improvement

Is the service effective?

Our findings

At our comprehensive inspection of Saxondale Nursing Home on 26 and 27 January 2015 we found that decisions were not always made in accordance with required legislation where people lacked capacity. This was a beach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found that the measures set out in the action plan submitted by the registered provider to meet these shortfalls now met the requirements of Regulation 18 described above.

The registered manager told us that, with two other nurses who worked at the service, she had recently attended a training course with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This related to compliance of care records in order to capture information in accordance with the principles set out in the Act. We saw evidence of the materials used which the registered manager said she was going to cascade to the staff at a team meeting which was scheduled on the afternoon of our visit. The registered manager told us that her intention was to book the remainder of the clinical staff on to this same training course later in the year and also to arrange a training session at the home for the care staff. This was in addition to standard training that staff undertook in the MCA and DoLs which we saw evidence of in a training matrix. The registered manager showed us a schedule which she used for supervisions where a new topic was included each month to discuss with staff. MCA and DoLS was the subject for discussion in June 2015. This showed that measures were in place to equip staff with the skills and knowledge about how to make decisions in accordance with the key principles of the MCA 2005 and in people's best interests.

We looked at two people's financial records and saw that capacity assessments were in place to show where people did not have capacity to manage their finances. Information was provided about how these were to be managed, such as where people had relatives appointed in the role of power of attorney. In other care plans we saw records of where people had been assessed as lacking capacity in specific areas. For example, we saw two separate people's assessments showing that they lacked capacity to consent to some areas of personal care. Associated care plans explained how staff were to support the person to ensure that care was provided in the person's best interests. Care plans were reviewed monthly or more often if required to show that the support was still appropriate and make any amendments where required.

One person took their medicines covertly due to previous refusals to take these. We saw an associated capacity assessment and care plan to show this was in the person's best interests. Information was recorded to show that other less restrictive measures should be attempted first to obtain consent. For example, the person was to be offered their medication at different times and by different staff if they initially refused. We saw information for the person where staff had asked the person's relative to encourage them to take their medicines before making the decision to administer this covertly. This showed that staff followed practice and utilised different methods to obtain consent from people where they were able to.

Care plans we looked at were written in a person centred way and captured people's views and preferences as to how they were to be supported. This helped staff to make decisions in people's best interests where required, such as what food people liked to eat and what activities they enjoyed. During our observations we saw staff offered choice when they supported people and supported people in line with their preferences and with their consent.