

Knotty Ash Residential Care Home Ltd

Knotty Ash Residential 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 09 January 2015. At that inspection a breach of legal requirements was found. This was because suitable arrangements were not in place for obtaining, and acting in accordance with the consent of service users, or the consent of another person who was able lawfully to consent to care and treatment on that service user's behalf.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 11 September 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 'Knotty Ash Residential Home' on our website at www.cqc.org.uk'

Knotty Ash Residential Home provides support and accommodation for up to thirty four people, some of whom are living with dementia. It is located on a busy street within walking distance of local shops and public transport. A car park and garden with seating are available within the grounds. The home is a purpose built building with all communal rooms and the majority of bedrooms located on the ground floor. A lift is available to the three bedrooms located upstairs. There are two lounges and a dining room available for people to use. All bedrooms provide single accommodation with en-suite toilet facilities.

The home does not have a registered manager. 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.

Summary of findings

Since our comprehensive inspection in January 2015 the register manager has left the home. The provider has appointed a new manager who told us they were aware of the legal requirement for them to register as manager of the home and intended to take steps to do so.

At our focused inspection on the 11 September 2015, we found that the provider had followed their plan which they had told us would be completed by June 2015 and legal requirements had been met.

Staff had received training in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Applications for DoLS had been made where appropriate; this helped to protect people's legal rights.

A system for assessing people's capacity to make important decisions was in place.

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

Peoples capacity to make decisions had been assessed.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place to protect peoples rights.

Assessments of people's ability to make important decisions had been carried out.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement





Knotty Ash Residential 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 carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 9 January 2015 had been made. The team inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements.'

The inspection took place on 11 September 2015 and was unannounced.

The inspection was undertaken by a lead adult social care inspector. During our inspection we spoke with four of the

people living at the home and met with several others. We also spoke with two relatives and introduced ourselves to a number of relatives attending an annual general meeting at the home. This provided them with the opportunity to speak to us or contact us following the inspection. We also spoke with two members of staff including the appointed manager. During the inspection we observed the care and support provided to people living at the home and toured parts of the building.

Prior to the inspection we looked at any information we had received about the home since our comprehensive inspection in January 2015. This included an action plan for meeting legal requirements that the provider had sent to us following the January 2015 inspection.



Is the service effective?

Our findings

At our comprehensive inspection in January 2015 we found that assessments of people's ability to make important decisions for themselves had not always been carried out. This meant that the registered provider was not always obtaining and acting in accordance with the consent of the person or a person lawfully able to consent for them.

The provider sent us an action plan in which they stated they would ensure staff received training in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They also stated that they would ensure assessments of people's capacity were made when needed.

At this inspection we found that the provider had followed their action plan to meet the relevant regulation.

During the inspection we observed staff encouraging people to make every day decisions for themselves. This included where they wanted to sit, what activities they wanted to engage in and what they wanted to eat. One of the people living at the home told us staff had asked them what time they wanted to get up each day and tried to accommodate this, although they added it did not always work in practice. However they described staff as, "very, very good," and told us they had always got the help they needed. Another person told us, "They look after us very well."

We looked at training records for staff. These showed us that the majority of staff had undertaken training in the Mental Capacity Act 2005 and in Deprivation of Liberty Safeguards. This training had included learning about assessing people's capacity to make decisions and how to involve people in making decisions for themselves. In addition information about the MCA and DoLS was displayed on a poster in the office and available on leaflets within the home.

We discussed DoLS with the appointed manager. She demonstrated a good knowledge of when to apply for a DoLS for someone who lacked the capacity to decide if they wanted to live at the home. This included demonstrating an awareness of the application process, ensuring an urgent application was made when needed and having systems in place to ensure that people's rights were protected.

A system was in place within the home for identifying who had a DoLS in place, and when these needed to be re-applied for. This helped to ensure people's legal rights would be protected.

We looked at a sample of DoLS agreed by the local authority for people living at the home and saw that the applications had been completed correctly by the home.

We also looked at a sample of care plans for people who lacked the ability to make their own decisions.

Although a system was in place for identifying the people who had a DoLS in place and the appointed manager was aware of this we did not see any information within the persons care plan identifying what the DoLS meant for them. Following the inspection the provider forwarded us copies of care plans that had been written for individuals with a DoLS in place. This acts as an additional safeguard for people as it ensures the information is readily available to relevant staff working at the home.

Care plans did contain information about decisions made with the person. We saw that where the person and their relatives had been consulted about a decision important to them this had been recorded and the person and their relatives offered the opportunity to sign their agreement.

The appointed manager told us that as part of the assessment process for anybody considering moving into the home their capacity to make decisions would be assessed, this would include assessing whether they needed the protection of a DoLS.