

Regal Care Limited

Havencroft Nursing Home

Inspection report

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Date of inspection visit: 26 May 2015
Date of publication: 31/07/2015

Ratings

Overall rating for this service

Good



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 22 July 2014 at which breaches of legal requirements were found that had an impact on people who lived at the home. The provider did not work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). People could not be confident that their rights were protected because the Mental Capacity Act 2005 Code of practice had not been followed when people were not able to make their own specific decisions about their care. We saw that restrictive practices were in place in order to keep people safe. However, measures to make sure that these restrictions were lawfully applied had not always taken place.

After our comprehensive inspection on, 21 and 22 July 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

They sent us an action plan setting out what they would do to make the improvements and meet the legal requirements and when their actions would be completed by.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements and how people experienced lunchtime as this required improving to effectively meet people's nutritional needs. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Havencroft Nursing Home on our website at www.cqc.org.uk.

Havencroft Nursing Home is a care home that provides personal and nursing care for up to 32 people. Care and support is provided to older people with dementia, nursing and personal care needs. At the time of our inspection 20 people lived at the home.

Summary of findings

At the time of this inspection the provider did not have a registered manager in post, as the person undertaking this role at the previous inspection had left. The provider had recruited a deputy manager and the provider is taking action to recruit 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.

People were encouraged and supported to make their own decisions and choices about their care and treatment which were respected by staff. Staff made sure people's right to consent was upheld as they assisted and supported people. This was achieved by staff checking and making sure people understood what was said to them and alternative ways to communicate were used to make sure people were not disadvantaged if they did not understand.

Where people were unable to give their consent and make specific decisions either verbally or in writing about their care and treatment, actions had been taken in people's best interests. This was with the involvement of people who had the authority to do so and knew people well in order to protect people's rights as outlined in the Mental Capacity Act 2005. Some further improvements were needed to be made to ensure best interest decisions could be easily accessed in people's records so that there was not a risk these could be overlooked.

The required standards of the law related to the Deprivation of Liberty Safeguards (DoLS) were being met. This was because the DoLS was now consistently applied so that people were not potentially deprived of their liberty. Permission of people who had suitable authority to do so was sought. The deputy manager had knowledge about the DoLS and the people whose liberty was potentially restricted. Applications had now been submitted to the supervisory bodies for authorisation purposes.

Staff were knowledgeable about the MCA and DoLS. This enabled people to receive care and support in the least restrictive way and reducing risks to people's health and safety.

People enjoyed the food they received and felt able to share where meals could be improved upon. Lunchtime was seen to be a more pleasurable experience for people where their choices and independence were promoted. Where people did need some support to eat their meals this was provided in a relaxed and dignified manner making sure people had enough to eat to keep them healthy and well.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made and planned, continue to be implemented and have been embedded into practice.

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?

Where the provider was in breach of Regulations, we found action had been taken to meet the legal requirements of the law and improve the effectiveness of the service.

People were supported to consent to their care and treatment and make their own specific decisions. Where people did not have the mental capacity to make specific decisions, actions were taken to ensure these were made in their best interests. Some further improvements were needed to ensure the actions taken in people's best interests could be easily accessed for referencing purposes.

People received care and support in the least restrictive way to effectively meet their needs and keep them as safe as possible. Deprivation of Liberty Safeguards were now being sought to make sure people were only deprived of their liberty lawfully and in the least restrictive way.

People enjoyed their meals and lunchtime was a more relaxed experience for people where their independence was promoted by having the right aids and support.

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

Requires improvement



Havencroft 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 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.

This was an unannounced focused inspection which was undertaken on 26 May 2015. The purpose of our inspection was to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 and 22 July 2014 had been made. We inspected against one of the five questions we ask about services; 'Is the service effective?' This is because the provider was previously not meeting some legal requirements in relation to this question.

The inspection team consisted of one inspector, a specialist advisor in nursing care for people with mental

health needs including dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the contracts officers from two local authorities. The local authority are responsible for monitoring the quality and funding for people who use the service.

We met with the people who lived at the home and spoke with eight people. We saw the care and support offered to people at different times including over lunchtime. We also spoke with one relative, the provider, the deputy manager and five staff.

We looked at 20 people's care records. This was to specifically focus upon assessments around obtaining people's consent, the applications sent to the supervisory body for the Deprivation of Liberty Safeguards and some audits which included checking people's consent had been gained.

Is the service effective?

Our findings

At our comprehensive inspection on 21 and 22 July 2014, we found people received care, treatment or support that they had not consented to. This meant proper application of the Mental Capacity Act (MCA) 2005 had not been followed to show that the decision done for or on behalf of each was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 11. However, they acknowledged further improvements needed to be made. This was because although there was indication in people's care records of the involvement of relatives and professionals in the process of making best interest decisions these were not always effectively recorded for accessibility purposes. This meant there was a risk of these decisions being overlooked when meeting people's needs in their best interests.

People told us staff always asked their permission and gave them time to consent before providing care and support. One person told us, "Staff always ask me if I want lunch so I can change my mind if I wanted to." Another person said, "Staff really look after me very well. I stay in my room out of choice." A further person told us that they preferred to have their meals in their room rather than in the communal dining room. We saw this was respected by staff.

Staff showed good understanding of the MCA and they had received the relevant training. Staff told us that people's capacity to make their own decisions was assessed and we saw this was the case. Staff we spoke with understood the need to gain people's consent before they assisted and supported people and we saw they asked and waited for people to agree. A staff member told us, "I always offer choice, and the information people need to make a choice." We saw that this happened throughout the day of our inspection as staff made sure people had the information about the decisions they could make, such as, around food, drink and what they wanted to do. Where people did not have the capacity to consent and make specific decisions about their care and treatment, actions

had been taken to involve relatives and other representatives to help people make decisions that were right for them. A relative told us, "My relative is safe and well cared for, I wouldn't want my relative anywhere else but here. Staff make sure that I'm included in all care reviews or changes of medication."

People's care records was another way the provider showed they had helped to provide assurance that people agreed and consented to the care, treatment and support they received. A range of documentation had been added to people's care records which provided evidence of people's mental capacity being assessed and consent gained for aspects of people's care, such as, bedrails. People's care plans were centred on each person and clearly identified the need for staff to empower people with some encouragement and support to make their own choices where possible. This was despite some people not having the mental capacity in some aspects of their lives. We saw where people declined care interventions that they needed, staff adopted the least restrictive approach to encourage the person to reduce risks to their health.

At our comprehensive inspection applications for the Deprivation of Liberty Safeguards had not been completed and or made to the supervisory body. This was because the provider had not ensured that an effective system was in place and consistently prevented people being unlawfully deprived of their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection the provider had made the required improvements to ensure they were meeting the law around Regulation 13.

The Deprivation of Liberty Safeguards (DoLS) is legislation that protects people who are not able to consent to care and support. It makes sure people are not unlawfully restricted of their freedom or liberty. The deputy manager had a good understanding of their responsibilities within the DoLS. We saw staff used the least restrictive approach when responding to and meeting people's identified needs with risks reduced to their welfare so that people received effective support due to the approaches staff used. For example, a person said they wanted to go home and staff took time to reassure this person who needed some

Is the service effective?

support with their behaviour. Applications had been made to the various supervisory bodies for authorisation where people did not have the mental capacity and their liberty was restricted in order to meet their care needs and keep them safe. People had DoLS applications which included the use of locked external doors, bed rails and where specialist equipment was used to protect a person from falling from their chair.

Applications had been made to the various supervisory bodies for authorisation where people did not have the mental capacity and their liberty was restricted in order to meet their care needs and keep them safe.

One person's DoLS had been authorised and the provider was aware of their legal responsibilities in sending us a notification to confirm this authorisation.

Our last inspection we saw for some people, the meal time experience was not always a pleasant one. This was due to the lack of organisation when meals were served and people not always receiving the support they needed to eat their meals. Whilst undertaking this focused inspection we saw and heard people had an improved lunchtime experience.

People told us that they enjoyed the food and always had a choice of what to eat from the menu which was displayed

on a board in the dining area. One person told us, "I like my meals, the food is good here." Another person said, "The foods not too bad, hot and tasty and it's nutritional but I would like more roast dinner."

We saw lunchtime was a relaxed experience as staff were more organised than they were at our previous inspection. People could choose where they wished to eat and this decision was respected by staff. Some people chose to sit at the dining tables which had place mats and floral decorations to make for a pleasant dining experience. We saw that food had been kept warm and provided in the required consistency for each person to meet their dietary needs. Condiments and sauces were available on each table. Meals were well presented and people's choices were checked when staff served people individually. We saw that one person wished to change their meal choice once they had been given their food and this was respected. We saw people were encouraged to maintain their independence with the right cutlery and crockery to meet their needs and were supported in a dignified manner where required.

While 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 and further improvements in record keeping.