

Aspects 2 Limited Hannacott

Inspection report

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Ratings

Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 April 2015 at which a breach of legal requirements was found. This was because people had decisions made on their behalf that were not fully documented to make sure their changing needs and circumstances were addressed.

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 14 July 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 'Hannacott' on our website at www.cqc.org.uk.

Hannacott provides accommodation and personal care for up to six adults with a learning disability, physical disability and/or complex health issues. Five people were

living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

There was a registered manager 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 14 July 2015 we found the provider had followed the action plan which they had told us would be completed by 8 June 2015 and legal requirements had been met. Accurate records were kept when people's mental capacity was assessed and decisions were made in their best interests.

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. Accurate records were kept when people's mental capacity was assessed and decisions were made in their best interests. Staff understood the importance of involving people in decisions as far as possible and had found creative ways of assessing people's ability to make decisions.

This meant the provider was now meeting legal requirements. 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. We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Hannacott

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.

We undertook a focused inspection of Hannacott on 14 July 2015. The inspection was undertaken by one inspector and was unannounced. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 and 15 April 2015 had been made. We

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 legal requirements in relation to that question.

Before our inspection we reviewed the information we held about the home. This included the provider's action plan, which set out the action they would take to meet legal requirements, and notifications submitted by the provider. Providers tell us about important events relating to the service they provide using a notification.

During the visit we spoke with two staff about the Mental Capacity Act 2005, looked at quality monitoring documents and staff training records. We reviewed information recorded in three people's support plans and reviewed the mental capacity assessments for these people.

Is the service effective?

Our findings

At our comprehensive inspection of Hannacott on 14 and 15 April 2015 we found people's rights under the Mental Capacity Act 2005 (MCA) were taken into consideration by staff but the decision making process was not always fully recorded. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 14 July 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

A suggested list of decisions that may require a mental capacity assessment had been produced to prompt staff. This included opening people's post, administering their medicines for them and looking after their finances. Further assessments had been added for each person depending on their individual circumstances. For example, the use of bed rails or lap belts in a wheelchair. This helped staff to ensure assessments were completed when needed.

We reviewed the assessments that had been recorded for three people and found assessments had been completed for appropriate decisions. Any restrictions identified in the

person's support plan or risk assessments were supported by a corresponding mental capacity assessment. Staff told us assessments would be completed for one-off events, such as a significant purchase, as needed.

Staff training records showed 13 staff had received training on the MCA and plans were in place to provide training for the remaining four staff within a reasonable timescale. Only those staff that had demonstrated a good understanding of mental capacity were asked to complete assessments. All assessments were reviewed by senior staff to make sure they were appropriately completed.

Staff understood the importance of identifying whether a person could make a decision or not. They also understood this may change. They were aware of the need to monitor people's response to the support provided as some people living at Hannacott could not express themselves verbally. Staff explained that if a person showed signs of distress or objected to the care provided they would review the approach taken with senior staff. This could result in a mental capacity assessment and a decision being made in the person's best interests.

A member of staff explained how they had assessed one person's ability to manage their own money. They had creatively set up a role play for the person to take part in as they found direct questions unsettling. This had allowed staff to find out how much the person understood and which decisions they could safely make themselves. There was the potential for this creative approach to be used for other decisions and for other people as well.