Embrace (Pirton) Limited

Pirton Grange Specialist Services

Inspection report

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Ratings

Is the service effective?	Requires improvement

Overall summary

We completed an unannounced comprehensive inspection of this service on 28 November 2014. We found there was a breach in the legal requirements and regulation associated with the Health and Social Care Act 2008. The provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people who lived at the home in relation to the care and treatment provided for them.

We undertook this focused inspection to check the provider now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Pirton Grange Specialist Services on our website at www.cqc.org.uk.

The provider is registered to provide accommodation and nursing care for up to 58 people who may have needs due to acquired brain injury, Huntingdon's Disease, multiple schlorosis or Parkinsons Disease. There were 26 people living at the home at the time of our inspection.

A registered manager was not in post at the time of our inspection but we saw that the provider had made suitable arrangements through the appointment of an acting service manager while they recruited a new manager. The acting service manager told us once the manager had been recruited they would apply to become 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 supported by staff who knew the importance of checking if people consented to the care. Staff knew the most effective way to communicate with individual people, and used this knowledge so that people were empowered to make their own decisions and choices. We saw staff gave people time to make their own decisions, and took into account people's wishes when giving care. People told us staff respected the decisions they made about receiving care.

Summary of findings

Where people were unable to consent to some areas of their care, staff had worked with other professionals and relatives so that decisions were made in the best interest of the person, by people who had the authority to do this.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made continue to be implemented.

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?

The effectiveness of the service had been improved. We found actions had been taken to meet the legal requirements in respect of obtaining and acting in accordance with people's consent in relation to the care and treatment provided for them.

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.

We could not improve the rating for effective from requires improvement at this visit, as we need to make sure that the improvements made are sustained. We will check this during our next inspection.

Requires improvement

Pirton Grange Specialist Services

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 4 November 2015. The purpose of our inspection was to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 November 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. We checked the information we held about the service and the provider. We contacted the local authority to gain their view of the quality of the service provided by staff.

We met with people who lived at the home and spoke in more depth with two people. We saw the care and support offered to people during the morning and for part of the afternoon. We also spoke with the acting service manager, two staff who were clinical leads and three staff members.

We looked at seven people's care records. This was to check that people's individual support needs were taken into account when obtaining people's consent.

Requires improvement

Is the service effective?

Our findings

At our comprehensive inspection on 28 November 2014 we found the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people who lived at the home. This was in relation to the care and treatment provided for them. We found for people who were not able to give informed consent the requirements of the Mental Capacity Act 2005 (MCA) had not always been applied. The provider had not assessed all people's capacity to consent or followed a best interests process to ensure people's rights were upheld.

Staff told us they had not received training in the MCA. Managers and staff did not have a full understanding of their roles and responsibilities in relation to the MCA. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 4 November 2015 we found that the provider had taken action to meet the legal requirements described above.

The two people we spoke with told us staff sought their consent before providing care. Both people we spoke with told us staff checked with them before supporting them, and respected their right to change their minds about planned care being given. One person told us, "If I don't want to do anything staff respect this." The acting service manager, senior staff and care staff had a good understanding of their responsibilities around assessing and obtaining consent. For example, when people were not able to consent to care themselves. Where this was the case, senior staff made arrangements for decisions to be made in the person's best interest. Senior staff involved external agencies, such as advocates or health specialist and relatives in best interest decisions, so the right decision would be made for the person. One member of senior staff told us how the changes introduced around obtaining consent had improved people's care. "People are now more able to contribute and say what they agree to and what they want. This means staff know what people want and people are less anxious."

All care staff we spoke with knew how to check if people were in agreement for specific care to be given. For example, one staff member told us they would ask people if and how they wanted their care delivered, and make sure they had time to decide. We saw this happened throughout our inspection and people's decisions were listened to and respected. People chose when they wanted to eat, where they wanted to sit and what support they wanted from care staff. Care staff we spoke with told us that if a person was not able to tell them directly, they would look at other ways the person was communicating. For example, if the person stood up to show their agreement to go with staff when they had been offered personal care. In this way, the staff member knew if the person was giving their consent. We saw staff checking people's reactions to their care choices, so that people would receive the care that was right for them.

One member of care staff told us about how they recognised that people sometimes withdrew their consent to care. For example, when a person looked in the opposite direction, to indicate that they did not want a particular option. Another care staff member told us about a different person, who indicated they did not want an element of personal care by putting their hand up, and how the person's decision was respected by staff. All the care staff we spoke with told us they knew what to do if people's ability to consent to care changed. All of the care staff told us that this would be discussed at handover meetings, and recorded in daily notes so that senior staff were aware of the changes. People's assessments would be reviewed and action would be taken. One care staff member told us, "(Senior staff), always let us know the outcome."

All of the care staff that we spoke to knew details of people's consent and best interests decisions were in their care plans. Care staff knew what areas of care people had consented to, and gave examples of care people had consented to or declined. For example, one care staff member told us how one person had elected not to have a specific piece of equipment, but had agreed to an alternative, so identified risks would be reduced.

We looked at care records relating to consent. We saw assessments reflected people's individual needs and new assessments were introduced as people's needs changed. Where required, best interest decisions had been taken in conjunction with external agencies.

All of the staff we spoke to told us that they had received training in relation to MCA. One member of care staff we spoke with told us how this had made them think more about the best way to communicate with people. The care

Requires improvement

Is the service effective?

staff member explained that finding the right way to communicate gave people the best chance of making their own decisions. Another care staff member told us, "People have the right to make their own decisions, it's not about us, it's about what they want, even if we think it may not be the right decision it's still theirs to make." A member of senior staff told us the provider was committed to making sure people kept their training refreshed. Further MCA training was planned in 2015, which would be shared with all staff.

We found there had been positive improvements in the way people's consent was sought and best interest decisions were made where this was required. However, we could not improve the rating for effective from requires improvement to good. This is because to do so, the provider is required to demonstrate consistent good practice over time. We will check this during our next inspection.