

Cambridgeshire County Council

Cambridgeshire County Council - 20 Alder Close March

Inspection report

20 Alder Close
March
Cambridgeshire
PE15 8PY

Tel: 01354654146

Date of inspection visit:
16 June 2017

Date of publication:
07 July 2017

Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced, comprehensive inspection of this service on 12 September 2016. As a result of our findings we asked the provider to make improvements to staff knowledge and implementation of the Mental Capacity Act 2005 (MCA).

The provider's representative wrote to us detailing how and when improvements would be made.

As a result we carried out a focused, unannounced inspection to check those improvements had been made. 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 Cambridgeshire County Council - 20 Alder Close March on our website at www.cqc.org.uk.

During this inspection on 16 June 2017 we found the provider had made improvements and that the regulations had been complied with.

Cambridgeshire County Council - 20 Alder Close March provides respite accommodation and personal care for up to five people who have learning disabilities. At the time of our inspection on 16 June 2017 there were two people staying at the service.

People were encouraged to make choices about their everyday lives. The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications were in progress and had been submitted to the authorising body. People's rights to make decisions about their care were respected and where people lacked mental capacity, they were supported with the decision making process.

Further information is in the detailed findings below.

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 action had been taken to ensure the service was effective.

People's rights to make decisions about their care were respected. People had been supported in the decision making process where they did not have the mental capacity to make specific decisions.

We will review our rating at the next comprehensive inspection.

Requires Improvement ●

Cambridgeshire County Council - 20 Alder Close March

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Cambridgeshire County Council - 20 Alder Close March on 16 June 2017. We carried out this inspection to check that that the provider had made the improvements detailed in their action plans in relation to staff knowledge and implementation of the Mental Capacity Act 2005 (MCA).

We inspected the service against one of the questions we ask about services: is the service effective. This is because following our last inspection on 12 September 2016 we asked the provider to make improvements to the service.

Before the inspection on 16 June 2017 we looked at all of the information that we held about the service. This included notifications that we had received from the provider. A notification is information about important events that the provider is required to send to us by law. We also requested information from Healthwatch and commissioners of the service.

The inspection was carried out by one inspector. During the inspection we spoke with one person who used the service and looked at four peoples care records. We also spoke with the operations manager, the manager, a senior support worker and three support workers.

Is the service effective?

Our findings

At our comprehensive inspection on 12 September 2016 we found that people were not protected against the risks of unlawful restrictions on their freedom. This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 16 June 2017, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 described above.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some of the people receiving care had restrictions imposed on them for their own safety and well-being. In these instances we saw that staff had submitted appropriate applications to the local authority. We saw that any restrictions on a person's liberty were minimal and were a considered element of the care that people needed.

Staff were knowledgeable in relation to the application of the MCA and told us they had received further training in this area. One staff member told us, "I've a much better understanding of what MCA and DoLS means now." Another staff member said, "We always assume [people have mental] capacity first. If we have any concerns we discuss it with our senior [staff member] who will do a formal [mental capacity] assessment."

Staff members were familiar with the process for making best interest decisions for those people who lacked the mental capacity to make specific decisions about their care. A staff member told us, "We go through support plans with people. If they are not able to understand then we involve their family." Records showed that relatives and relevant professionals had been consulted to ensure that people's best interests were upheld.

People were encouraged to make choices about their everyday lives. For example, a person confirmed their care plan was accurate and staff placed no restrictions on them. They told us they chose the time they got up and went to bed, how they spent their time and what they ate.

Staff supported people to make informed choices about their care in a way each individual could understand. For example, a staff member told us that some people were unable to make decisions when they were offered a free choice or multiple options. The staff member told us they offered those people a restricted choice of two or three appropriate alternatives. The staff member said, "People can often then make a choice and are not overwhelmed." We saw this was reflected in people's assessments and care plans.

