

A Cox and Mrs Z Cox

Ashleigh Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 December 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirement in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now meet legal requirements. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh Nursing Home on our website at www.cqc.org.uk

Ashleigh Nursing Home is registered to provide nursing and residential care up to 21 older people, with some of the people living with dementia. At the time of our inspection there were 17 people using the service. The service is located within a residential area and provides accommodation over three floors.

This inspection took place on the 17 July 2017 and was unannounced.

Ashleigh Nursing Home had 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.

We found improvements had been made to ensure people's rights were upheld and that the provider, registered manager and staff acted in accordance with the Mental Capacity Act 2005 (MCA). We found conditions which authorised the restriction of people's rights were being met. We found assessments as to people's capacity to make informed decisions about their care; treatment and support were undertaken reflective of the principles of the MCA.

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 service was effective.

People's rights were upheld as the principles of The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were fully understood and implemented, which meant people's rights were being upheld.

People had mental capacity assessments carried out as to their ability to make an informed decision about all aspects of their care, support and treatment. Where people were found not to have capacity a care plan detailed the role of staff in providing people's care and meeting their needs.

Good 

Ashleigh 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.

We undertook an unannounced focused inspection of Ashleigh Nursing Home on 17 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 29 December 2016 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 a legal requirement.

The inspection was undertaken by an inspector.

We spoke with the provider, registered manager and a member of staff.

We looked at people's records that had an authorised Deprivation of Liberty Safeguard (DoLS) in place. We looked at people's mental capacity assessments.

Is the service effective?

Our findings

At our previous inspection of 29 December 2016 we found shortfalls in safeguarding services users from abuse and improper treatment. This was because the provider had not acted in accordance with the Mental Capacity Act 2005 and had not implemented the conditions of a person's authorised Deprivation of Liberty Safeguard (DoLS). We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. We found improvements had been made and have reviewed and revised the rating for this key question.

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 nursing and care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found 10 people had a DoLS authorisation in place, of which four had conditions attached. We found the conditions on people's authorisations were now being fully met, which meant the rights of people were being upheld. For example, a person's records detailed the period of time staff spent in providing their personal care and documented how they supported the person when their behaviour became challenging.

Records showed some people who had a DoLS in place, had regular meetings with a 'paid person's representative' (PPR). The PPR's monitored the implementation of the DoLS and as part of their role they spoke with staff and viewed the person's records which recorded how staff implemented the conditions as set out within the DoLS. We found an example of where a PPR had requested a person's medication be reviewed. Records showed this had been undertaken by a health care professional. This had ensured the person's rights were upheld as their care and treatment had been kept under review.

We found improvements had been made to how people's capacity to make informed decisions about their care, support and treatment were undertaken. People's mental capacity assessments had been completed consistent with the principles of the MCA, with each individual aspect of their personal care, support and treatment being independently assessed. The assessments were used to develop a care plan which provided guidance for staff on how to deliver the persons care.

In some instances people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. These had been put into place with the involvement of the person, their relative or

representative and health care professional. This showed that people's choices and decisions were supported and would be acted upon when needed as agreed by all parties involved.