Mauricare Limited

# A S Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
A S Care is a residential care home providing personal care to up to 25 people in one adapted building. The service provides support to older people with dementia, mental health concerns, physical disability, and sensory impairment. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service had not been fully implemented to support this practice.

The principles of the Mental Capacity Act 2005 had not been fully implemented with regards to people's medicine. Assessments to determine people's capacity to make informed decisions about declining their medicine had not been undertaken. The best interest process had not been followed to evidence decisions made to administer some people's medicines without their knowledge, disguised in food or drink.

Staff were employed in sufficient numbers to meet people's care needs. However, staff in supportive roles, including housekeeping, laundry and catering were part time. In the absence of supportive staff, their work was undertaken by care staff.

At the previous inspection we identified deep cleaning was not being undertaken. The provider had taken steps to recruit staff for the purpose of deep cleaning and had advertised the position.

Environmental improvements were ongoing in relation to decoration and maintenance as identified by the provider within their action plan. The service had a large garden. However, this was not well maintained, which limited people's potential enjoyment of the outside space.

Improvements to information contained within people's care records with specific care needs related to diabetes and oxygen therapy had been implemented. This had been underpinned by targeted training for staff in oxygen therapy and care.

People told us they felt safe at the service. Potential risks related to people's care were assessed. Medicine systems were managed safely.

People told us they were satisfied with the meals provided people's dietary needs were met.

The frequency and complexity of audits had improved to enable shortfalls to be noted more quickly so as action could be taken to bring about improvement.

People told us they were happy with the care provided and that they were supported by staff who were kind

and caring. People's views and that of family members were regularly sought, which included information as to what action was being taken by the provider in response to their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 26 June 2023) and there were breaches of regulation. At this inspection we found improvement had been made with regards to Fit and proper persons employed and Good governance and the provider was no longer in breach of these regulations. However, the provider remained in breach of the regulation Safeguarding service uses from abuse and improper treatment.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A S Care on our website at www.cqc.org.uk.

Why we inspected
We carried out an unannounced focused inspection of this service on 22 and 23 May 2023. Breaches of legal requirements were found in Safeguarding service uses from abuse and improper treatment, Fit and proper persons employed, and Good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve Safeguarding service users from abuse and improper treatment. We issued a Warning Notice in relation to Fit and proper persons employed. We varied the conditions of registration in relation to Good governance.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those breaches of regulation.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified a continued breach in relation to Safeguarding service uses from abuse and improper treatment. The principles of the Mental Capacity Act for the administration of medicines being given without a person's knowledge, hidden in food or drink, had not been implemented to ensure people's care and treatment was lawful and in their best interests.

We have made a recommendation for the provider to review the hours provided by housekeeping, laundry and catering staff, to ensure the needs of the service are met without impacting on the role and responsibilities of care staff.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# A S Care

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector. An Expert by Experience made phone calls to people's relatives, to gather feedback on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
A S Care is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. A S Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used this information to plan our inspection.

During the inspection
We spoke with 5 people who use the service. We spoke with both registered managers, 2 members of care staff, the quality lead and a director. We reviewed a range of records. This included 3 care records and multiple medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures, quality monitoring and staff meeting minutes.

After the inspection we continued to seek clarification from the provider to validate evidence found.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, the lack of safe recruitment practices put people at risk of receiving care from staff who were not suitable. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

● At the last inspection we found staff applications forms did not always provide a full employment history. Employment records and references were not always obtained from appropriate people. Risk assessments were undertaken where character references were provided by a referee who had known the applicant for less than 2 years.
● Sufficient numbers of staff who had the necessary training, skills and competence to support people's safety and meet their needs and were employed. However, staff employed in roles other than care such as, housekeeping, laundry and catering were part time. For example, laundry staff did not work at the weekend and catering staff finished early in the afternoon. In the absence of laundry and catering staff, care staff undertook their duties and responsibilities. This had the potential for care staff to not be available to meet people's needs and for essential tasks such as laundry and cleaning not to be completed.

We recommend the provider reviews the hours provided by laundry, catering and housekeeping staff to ensure there are always sufficient staff to meet the needs of the service without impacting on the role and responsibilities of care staff.

● People told us there were enough staff to meet their needs, and that staff answered requests for assistance, including call bells in a timely manner. A person said, "If I needed support, I would get someone, no problem there." People were aware of where their call bell was located, however many said it was something they rarely used. A person said, "I don't need it but it's there," when referring to the call bell.
● People told us they were satisfied with the care they received. A person said, "It's pretty good they [staff] look after us all very well." A second person said, "It's lovely, they [staff] do everything for us, no matter what it is."

Preventing and controlling infection
● At the last inspection we found there was a lack of deep cleaning within the service. Deep cleaning is a

more enhanced programme of environmental cleaning, which compliments the routine daily cleaning of the home. A registered manager informed us the provider was recruiting additional housekeeping staff to undertake deep cleaning duties.

● The recent appointment of the maintenance person would include some areas of cleaning, such as ceilings and light fittings.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found areas of improvement were required. For example, a radiator in shower room and a trolley in the dining room were rusty. This prevents effective cleaning and increases the risk of infection spreading. We noted the dining room had stains to the wall. A registered manager advised these were 'grease' stains and attempts to remove them had been unsuccessful. We also noted spillages on the walls and skirting boards of the dining room which had not been cleaned.

● People expressed satisfaction with the cleanliness of the service. A person said, "Yes I'm happy with the cleanliness."

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● People were supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, there was a risk that medicines might not have been administered safely or effectively and the provider had failed to robustly assess the risks relating to the health safety and welfare of people This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At the last inspection we found people's care records did not always contain the most up to date information and there was a lack of detail within the care plan about how to manage some health conditions and the provision of treatment for those conditions.

● Improvements to guidance on monitoring blood sugar levels and the associated administration of insulin had improved. Guidance included when sugar levels should be tested and what actions should be taken based on the results, including the dosage of insulin to be administered. The monitoring of sugar levels is important for the early detection of diabetic ketoacidosis which is a problem that can occur if people with diabetes start to run out of insulin.

● Improvements to guidance on monitoring oxygen levels had improved, which included the circumstances in which emergency health care support should be sought. The monitoring of blood oxygen levels is important for people with some health conditions. Staff had received training for oxygen therapy and were

knowledgeable about their roles and responsibilities in oxygen management.
● At the last inspection we found inconsistent information as to the size of slings to be used for people who required the use of a hoist for safe transfers from a chair to a bed. A registered manager had reviewed the care records of people who required this equipment and ensured correct slings were used to support in their safe transfer.
● Systems and processes were in place to monitor the safe use of medicines, which included regular audits of medicine practices. The training and assessment of staff's competency in medicine administration, included competency for insulin administration.
● Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. There was evidence that a pharmacist had previously been consulted on the safe administration method. (It is good safe practice to consult a pharmacist). Adding medicines to food and drink can affect the effectiveness of the medicine.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The provider had systems in place to safeguard people from abuse, supported by staff who had undertaken training in safeguarding.
● People told us they felt safe at A S Care and were confident to raise concerns. A person said. "It's a nice environment, quite friendly. I couldn't criticise it, dedicated staff."
● The registered managers kept a record of any safeguarding concerns and notified the relevant organisations.
● Staff were aware of the role and responsibilities in reporting safeguarding concerns and the provider's whistleblowing policy.

Learning lessons when things go wrong
● Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.
● Incidents were kept under review by the provider and action taken so similar incidents were not repeated. For example, staff were informed of any changes required to people's care at staff meetings and daily handovers, where people's care was shared between staff at the beginning and end of their shift.

Requires Improvement

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

At our last inspection, we found people were not always safeguarded from improper treatment as Deprivation of Liberty Safeguarding (DoLS) conditions had not always been met. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider and registered managers had not acted in accordance with the Mental Capacity Act (MCA) 2005 with regards to the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge were not in place.) The process ensures people's care and treatment is lawful and in their best interests.
- Mental capacity assessments linked to people's prescribed medicine were not sufficiently detailed or specific in determining if a person had capacity to understand the implications of declining to take their medicine.

● The principles of the MCA 2005, states if a person is assessed as lacking the relevant capacity, the best interest process should be followed. Letters from a GP authorising the administration of covert medicines were in place for named individuals, which stated the family had been involved in the decision. However, there was no evidence or record of a best interest meeting being held, the parties involved or the rationale as to how and why the decision to administer medicines covertly had been made.

People's care and treatment was not determined in accordance with the requirements of the Mental Capacity Act 2004 and associated care of practice. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● DoLS conditions were now being met. For example, an analysis of incidents where people became distressed or anxious had been implemented. This is to try and identify patterns to reduce such incidents.
● Staff asked people for their permission prior to providing care and support, which included housekeeping staff asking people if they could clean their room. Where people declined their consent, agreement was made for staff to return at a later time.
● People told us they made decisions as to how they spent their day. A person said, "I always come down here to go to the top lounge at night, I enjoy sitting with my friend in the conservatory during the day, before moving to the top lounge to watch TV in the evening."
● People's physical, mental health and social care needs were assessed and kept under review. Assessments of people's needs where appropriate used recognised assessment tools based on clinical health needs and good practice guidance.

Staff support: induction, training, skills and experience
● People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs.
● Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and review their performance.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were met. Meals were served regularly throughout the day, chosen from a menu with alternatives being made available. People were offered drinks and snacks throughout the day to help maintain their hydration. This was also being monitored more closely to prevent or reduce risk of dehydration.
● People expressed satisfaction with the quality of the food. A person shared their views of the meals, they told us, "Good quality, good choice and plenty of it." A second person told us, "They give me vegetarian as I don't eat meat." People said alternative choices were available if they didn't like the meal on the menu. A person said, "You've only got to tell them and they will try and organise it for you." A second person told us, "You just have to ask."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's day to day health and well-being were monitored by staff with referrals being made to health care professionals where required, which included occupational therapists, dieticians and GP's.
● Several people told us the chiropodist visited A S Care, and that they attended appointments at the local GP practice, supported by staff as the GP did not routinely visit the service.

Adapting service, design, decoration to meet people's needs
● A S Care had a large garden, which was accessible via a ramp. At the bottom of the ramp on the grass was

a patio set, and benches for people to sit. However, the garden was not well-maintained, with weeds growing in the beds and borders. There were no raised beds or plants providing colour. This had the potential to limit people's enjoyment and experiences of the garden.

● A refurbishment plan was in place which identified areas of the environment which required improvement, which included target dates for achievement. A registered manager told us a maintenance person had recently been recruited, who would be commencing their employment in a few weeks. The person would be responsible for the maintenance of the service, including decoration and some aspects of deep cleaning.

● Communal areas were available on the ground floor, providing space for people to take part in activities or spend time together.

Requires Improvement

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, systems and processes to monitor the quality and safety of the service were ineffective. Oversight of the service was lacking. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● The provider and registered managers had not acted in accordance with the Mental Capacity Act (MCA) 2005, as referenced within the effective section of this report. People's capacity for specific care and treatment decisions and any associated best interest decisions made were not sufficiently assessed or documented. This had resulted in a continued breach of regulation 13 as their own systems had not picked up these concerns prior to our inspection.

● The provider and registered managers demonstrated they had improved the oversight and monitoring of the service.
● The frequency and complexity of audits had improved to enable shortfalls to be noted more quickly so as action could be taken to bring about improvement. For example, timely audits of people's fluid intake for those at risk of dehydration had improved. This meant the registered managers were able to identify where people's fluid intake was low, and then direct staff to encourage people to drink.
● Effective systems had been put into place to ensure the safe management of people with specific health conditions and treatment, which had included insulin management and oxygen therapy.
● A quality manager regularly visited the service on behalf of the provider. The registered managers had developed an action plan and environmental improvement plan, identifying improvements required, which included target dates for achievement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The culture of the service was open and inclusive. People told us they were able to make day to day decisions. Many people spoke of positive relationships they had developed with others at the service and

told us how they enjoyed spending time with them, which included sharing puzzles, games and conversations.

● People spoke positively of the culture of the service, which in part was due to people's experiences of their interactions with staff, which were friendly and helpful. A person told us, when asked if they liked living at A S Care said, "Quite nice, people are friendly, staff are good." A second person said of the staff. "They are very good, very dedicated."

● People said they would raise concerns, however people we spoke with said they did not have any concerns at this time.

● People were asked if they would recommend A S Care to friends and family. The majority of people said that they would as they were happy. One person said, "Yes, because it's a nice place." A second person said, "It's your home and you are treated like it's your home." However, one person said that whilst they would recommend the service, they would advise others of the lack of activities provided. The registered manager told us the post of activity organiser was currently being advertised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered managers worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider sought feedback about the quality of care and the service provided through the sending out of surveys. The results of which were analysed, which included a 'you said, we did' response, which were displayed on the wall in the entrance foyer.

● Most of the people we spoke with did not remember having the opportunity to complete a survey or attend a meeting to share their views. A person said, "I cannot remember one." Some people did recall been asked for their views, they told us. "I spoke to somebody re feedback on the home."

● Minutes of a coffee morning held in May 2023 for those living at A S Care recorded people's feedback had been sought on the environment, meal provision and ideas for activities. People had also been reminded of the action to take in an emergency, such as a fire.

Working in partnership with others

● The provider liaised with the local authority and health care professionals to promote the safe care and treatment of people residing at the service.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider had not acted in accordance with the Mental Capacity Act (MCA) 2005 or its principles with regards to the administration of covert medicine. |