

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

A S Care is a residential care home providing accommodation and personal care for up to 25 older people, including people living with dementia. At the time of our inspection, there were 16 people living at the service.

People's experience of using this service and what we found

Action was required to protect people from abuse and avoidable harm. Staff required refresher training to ensure they fully understood their role and responsibilities.

Some people were living with dementia and experienced periods of heightened anxiety that impacted on their emotional and behavioural wellbeing. The provider had planned specific refresher training to support staff's understanding and enhance their skills.

Incident management processes were not fully effective. Incidents had not been analysed for themes, patterns, and any learning to reduce reoccurrence.

Medicines management systems and processes had recently been improved by the provider. However, further action was identified as required to ensure people received their medicines safely. The provider took immediate action and implemented further changes, including staff refresher training.

Infection prevention and control measures were impacted by the quality of some flooring and furnishings that were difficult to keep clean and hygienic and needed replacing. Best practice guidance was not fully adhered to.

Staffing levels were found not to be sufficient to meet people's individual needs and safety. The provider took immediate action and increased staffing levels in the afternoon. Improvements to safe staff recruitment practice had recently been implemented.

Since the last inspection, there had been changes with the management of the service. At the time of the inspection, the current registered manager had stepped down from their position and was in the process of de-registering. An acting manager had been in post for four weeks and was in the position of submitting their registered manager application.

The provider's systems and processes used to assess, monitor and mitigate risks were not fully effective in developing and driving improvements. The acting manager had developed an action plan and showed a commitment to make the required improvements. The provider acknowledged they needed to improve their oversight and had appointed a new compliance manager to assist them.

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

Rating at last inspection

The last rating for this service was Good (published 24 February 2018).

Why we inspected

We received anonymous safeguarding and moving and handling concerns. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We found some evidence during this inspection that staff required refresher training in how to protect people from the risk of abuse and avoidable harm. We found no concern how people were supported in relation to moving and handling.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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. We have found evidence that the provider needs to make improvements.

Please see the Safe and Well-led sections of this full report. 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how people were protected from avoidable harm and abuse, and the systems and processes used to monitor quality and safety.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

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 Care Act 2014.

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

One inspector and an Expert by Experience completed a site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

A S Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection changes were being made to the registered manager position. The current registered manager had stepped down and was in the process of cancelling their registration. An acting manager had been appointed and was in the process of submitting their registered manager application. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people about their experience of living at the service and two visiting relatives and a visiting health care professional. We spoke with the acting manager, two senior care staff, two domestic staff, the cook and three care staff.

We reviewed a range of records. This included in part, seven's people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including incident analysis, we checked the health and safety of the internal and external environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures, meeting records, audits and checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not fully protected from abuse and avoidable harm. Staff confirmed they had received safeguarding training and demonstrated a good awareness of their role and responsibility to protect people. However, during the inspection concerns were raised by some staff in relation to safeguarding practice that showed staff had not fulfilled their safeguarding responsibilities.
- Whilst we could not evidence the allegations made, the concerns raised with us were shared with the acting manager and reported to the local authority safeguarding team. The acting manager and provider took immediate action to investigate and this included arranging further staff safeguarding refresher training.
- Accident and incident management and oversight was not fully effective. Records reviewed between August and November 2021 showed where people had unexplained bruising, the local multi-agency safeguarding procedures had not been followed. Neither had internal investigations been completed to determine the possible cause.
- The provider had also not analysed accidents and incidents that had occurred for themes, patterns or any learning to reduce reoccurrence. This put people at risk of further harm.

Ineffective systems and processes to record, manage and learn from safeguarding issues placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People who used the service and relatives spoken with told us they had no concerns about safety. A person said, "I feel very safe." A relative said, "I feel [name] is safe, I have no reason to think they were not." A visiting professional also told us they had not observed any concerns about people's safety.

Assessing risk, safety monitoring and management

- Risk associated with people's individual care needs had not been fully assessed or effectively reviewed. Guidance for staff lacked specific detail in places or staff said was not followed due to being out of date. The acting manager was aware care plans and risk assessments required reviewing and had plans to complete this.
- Some people living with dementia experienced periods of heightened anxiety that impacted on their emotional care needs. Care plans and risk assessments provided staff with limited guidance. From speaking with staff and reviewing care documents, it was evident staff required additional support in how to meet people's specific needs. The acting manager had already identified this and had booked further dementia care training.

- Risks associated with the environment including fire safety had not been fully assessed or effectively reviewed. Wardrobes were not all fixed to the wall due to broken fixtures, some areas of the home were particularly cold, risks associated with people and staff smoking had not been fully assessed in the fire risk assessment. These concerns were raised with the acting manager and action was taken to make required improvements to ensure people's safety.

Using medicines safely

- Medicines management systems and processes had recently been reviewed and improved upon by the acting manager. However, some shortfalls were identified during this inspection.
- Body maps to instruct staff of the site of application of topical creams were not used. This raised the risk of creams being incorrectly applied. A sample stock check of six medicines were found to be incorrect. Whilst a further review identified these were recording errors, one person had not received their prescribed medicine. This however, had not been identified by internal audits and checks. The acting manager took immediate action to make improvements.
- Staff responsible for the management and administration of medicines had received training, had their competency assessed and had a policy and procedure to support their practice.
- People told us they received their medicines safely. A person said, "Staff bring it to me in a pot and they watch me take it and write it down."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Best practice was not consistently followed. Dining and lounge chairs in the main were heavily stained. Some side tables and dining tables were worn and chipped or coverings loose and peeling, causing a cleaning and infection control risk.
- We were not fully assured that the provider was preventing visitors from catching and spreading infections. Staff were not aware of new government regulations requiring professionals to show their COVID-19 vaccination status before entering.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff deployment was not sufficient to meet people's individual care needs and safety. Whilst the acting manager said the provider used a dependency tool to determine staffing level requirements, they had not used it and were unable to share this document.
- From speaking with people, staff, observations and reviewing care documents, we concluded afternoon staffing levels were insufficient. We discussed this with the acting manager and the provider agreed to increase staffing levels with immediate effect.
- Staff recruitment practice, systems and processes had recently been reviewed and improved upon. Records confirmed satisfactory pre-employment checks were completed. This included a Disclosure and Barring Service (DBS) check, which supports safer recruitment decisions.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 systems and processes to assess, monitor and mitigate risks were ineffective. Care plans and risk assessments had not been updated when people's needs changed or consistently provided staff with detailed guidance. Additional care records also showed poor management oversight and accountability. This put people at increased risk of unsafe care.
- Medicines audits and checks had failed to identify recording errors, that stock checks were incorrect, and a person had not received a prescribed medicine.
- Systems and processes to manage staff deployment was not effective, the provider had failed to identify afternoon staffing levels were not sufficient to meet people's care needs and safety.
- There was a lack of continuous learning and development due to ineffective systems and processes. The management of accidents and incidents was not sufficiently robust. Documentation completed by staff was limited in detail, there was no evidence of management oversight and no analysis completed for themes, patterns or learning to reduce further risks. Investigations into incidents had not been completed and safeguarding concerns consistently reported to external agencies.
- Health and safety audits had not identified risks in relation to fire safety, that heating was consistent and furnishings safe and fit for purpose. This put people at increased risk.
- Provider management and oversight was limited. There was no evidence to show what audits and checks the provider had completed to assure themselves people received safe and effective care. The environment and furnishing were worn and needing redecoration and replacing. However, there was no refurbishment plan and the current action plan was developed by the acting manager within the last four weeks of their employment. The provider's systems and procedures were not sufficiently robust to assess quality and safety.
- The system used to order food stocks was ineffective. This impacted on unplanned and unexpected menu changes and choices.

The provider's governance and oversight systems were either not in place or robust enough to demonstrate all aspects of the care and safety in the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection, the registered manager had stepped down from their position and was in the process of de-registering and a new acting manager was in place and was due to submit their registered manager application.
- The provider told us they used an external company to complete an annual independent inspection, and they had recently appointed a new compliance manager to increase the oversight and support to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives raised concerns about the lack of opportunities to engage in activities, interests and hobbies. Whilst people were positive about staff's caring approach, they felt staff did not have sufficient time to spend with them.
- The acting manager told us they were hopeful an activity coordinator would be appointed in the near future. Staff told us they tried to provide activities in the afternoon. During our inspection, we saw a staff member support some people to make Christmas cards and another staff member encouraged people to play a skittles game. We observed staff interactions with people to be overall task led, however, interactions were positive, kind and caring. Staff were respectful, patient and encouraging towards people.
- People, relatives and staff were positive about the management and leadership of the acting manager. A person said, "The manager is a lovely lady, no problems with her." A relative said, "The manager is nice, very helpful." Staff comments included, "The manager is open, supportive and approachable."

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

- The COVID-19 pandemic and the management changes had impacted on quality assurance processes used to seek feedback from people, relatives and staff in how the service could develop. However, relatives told us they had been informed of anything affecting their loved one.
- The acting manager told us they were in the process of seeking feedback and how this would be used in the development of the service.

Working in partnership with others

- Staff worked with external professionals to support people to achieve positive outcomes. Care records confirmed action was taken in a timely manner when guidance and support was required.
- A visiting health care professional who visited the service regularly was positive about the care provided. They believed referrals were made appropriately and any recommendations made were followed by staff.

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 Staff had not followed safeguarding procedures and there was a lack of incident management and oversight, to ensure people were protected from abuse and avoidable harm. Regulation 13 (1) (2) (3) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm. Regulation 17 (1) (2) |

The enforcement action we took:

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