

Mauricare Limited

A S Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

We carried out an unannounced comprehensive inspection of this service on 23 and 24 August 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused comprehensive inspection to check that they had followed their action plan and to confirm that they now meet legal requirements. This report 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 A S Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The provider submitted an action plan following the inspection of August 2016 advising us of the action they would take to address the breaches of regulations identified by the inspection of 23 and 24 August 2016.

A S Care provides residential care for up to 25 people many of whom are living with dementia. At the time of our inspection there were 23 people in residence. Accommodation is provided over three floors with access via a stairwell or passenger lift. Communal living areas are located on the ground floor. The service provides both single and shared bedrooms, with some having en-suite facilities.

The registered manager at the time of our inspection was on planned extended leave. The provider had appointed a person to manage for A S Care who had been in post for a month at the time of the inspection.

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 provider had not made the required improvements. The provider had employed a quality assurance manager whose role was to monitor the quality of the service. The provider was unable to provide written documentation to support the outcome of the visits undertaken by the quality assurance manager. We found there to be no formal agreement as to the providers and quality assurance managers' responsibilities and role in the governance of the service and the sharing of information or how the information would be used.

We requested the provider forward to us the quality assurance managers' report and action plan, the business plan for A S Care and the minutes of the most recent staff meeting as these were not available on the day of the inspection. The information we requested was not provided.

The manager had undertaken audits in some areas of the service, however there was no formal system as to how this information was shared or monitored by the provider in order to drive improvements.

Staff had undertaken training since the previous inspection and further training had been organised. The manager had commenced a programme of formally supervising staff.

Environmental improvements had been made, which included the decoration of some bedrooms following an audit undertaken by the manager. A reminiscence room had been established to provide an area for people living with dementia to spend time.

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

We always ask the following five questions of services.

### Is the service well-led?

Inadequate 

The service was not well-led

There were limited governance and quality assurance systems. The provider did not have an oversight as to the quality of the service being provided and unable to provide records to support governance.

The provider did not demonstrate good leadership and management of the service.

The manager had introduced a number of low level audits and had organised a programme of training and supervision for staff.

# A S Care

## **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 A S care on 14 November 2016. This inspection was done to check that improvements to meet a legal requirement by the provider had been made after our comprehensive inspection of 23 and 24 August 2016. We inspected the service against the key question 'is the service well-led'. This was because the service was not meeting some legal requirements.

The inspection was carried out by one inspector.

We spoke the provider, quality assurance manager, the manager and a senior carer. We looked at audits undertaken by the manager. We looked at the supervision records of three members of staff.

# Is the service well-led?

## Our findings

At our previous inspection of 23 and 24 August 2016 we found that the provider of A S Care did not have an effective system or process in place to monitor the quality of the service or have plans to improve the quality and safety of the service. Information to support effective leadership and management was not up to date. Records to be accessed in an emergency were not accurate or up to date, which included people's advanced decisions. Policies and procedures were not reflective of current legislation and were not implemented by the provider or staff.

On the 13 September 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to meet their legal obligation in relation to Regulation 17 by 28 October 2016.

We found some improvements had been made, however these were minimal and the implementation of these on people had not been assessed or monitored to determine whether they had had a positive impact on the quality of the care they received.

We found a continued lack of governance, oversight and poor leadership of the service. The provider was unable to provide written information as to the action being taken to make the required improvements following our previous inspection.

The previous inspection had identified an additional four breaches of the regulations. An action plan had been submitted on behalf of the provider by the recently appointment manager. The action plan identified they would achieve compliance with the breaches by November 2016. Our initial discussions with the provider and manager found that the action plan had not been fully delivered with identified improvements still to be made. The provider and manager informed us they would review their action plan and resubmit this to the CQC. A revised action plan was submitted, however this did not clearly set out what action would be undertaken to achieve compliance. For example it did not detail the training staff would receive and how the impact of the training would be measured to ensure improved outcomes for people using the service.

At the previous inspection we had identified that the provider frequently visited the service, however there were no records of their visits available for us to view to evidence issues identified and that any improvements required had been acted upon or reviewed. The provider informed us there had been no change to this practice. This showed the provider's lack of commitment to take action to enable them to evidence their role and an oversight in the monitoring of the quality of care being provided.

We spoke with the provider as part of the inspection who informed us they had appointed a quality assurance manager whose role was to monitor the quality of A S Care and other services that were part of Mauricare Limited. We asked the provider how their role and that of the quality assurance manager worked and whether a framework of responsibility and information sharing had been agreed. They told us no formal agreement, policy or procedure was in place, however they told us they spoke and shared information

frequently. The provider was unable to give examples of the type of information shared and no written record of these discussions was available for us to view.

The provider told us that the quality assurance manager had carried out quality monitoring visits. We asked the provider and manager for a copy of the action plan developed following the visits undertaken by the quality assurance manager. The provider and manager advised us the quality assurance manager would be able to provide us with a copy.

The provider spoke to us about an external company who provided support and guidance for health and social care providers through the provision of a software package. The provider informed us the system would be dependent upon staff updating information electronically. They spoke of their intention to use this service which provided documents and guidance to assess and record people's care and support and keep them under review. In addition the external company supported social care providers in all aspects of staff related issues, which included training, development and supervision. At the time of the inspection the system had not been implemented at A S Care.

We asked the provider to share a copy of the business plan for A S Care to evidence their plans for the development of the service; they told us this would be forwarded. A business plan was submitted, however this did not detail plans for the development of A S Care, how this would be achieved, the resources available or timescales.

We spoke with the provider to ask them about the visions and values of the service and how they monitored whether these were being implemented and achieved. They informed us the vision and values of the service were to provide quality care. We found the provider was unable to evidence that the vision and values were implemented or monitored.

We spoke with the quality assurance manager on the telephone during the inspection. We asked them how they measured the quality of the service. They told us they had in the past used a tool developed by an independent company to assess quality and that the principles of this tool was being used in their role as quality assurance manager. They told us they had visited A S Care to measure the quality of the service and that a report detailing their findings, which included an action plan had been developed to bring about improvement. We asked them for a copy of the audit and associated action plan, they told us they would provide a copy to us but stated the provider and manager had been provided with a copy.

A copy of the quality audit report and action plan in relation to A S Care was not been provided to CQC. The continued poor governance and oversight of the service by the provider demonstrated that the provider did not understand the principles of good quality care and governance. They could not assure themselves of the quality of the service being provided, which meant people using the service cannot be confident that the service is being well-led.

The provider informed us that policies and procedures were accessed through an external provider and that it was the responsibility of managers to ensure these were up to date. The recently appointed manager was in the process of personalising the policies and procedures acquired via the external company, but confirmed these were not as yet implemented. Therefore the outdated policies and procedures we found to be in place at our previous inspection to still be in place.

The manager, confirmed by the provider, told us of their intention to apply to the CQC to be registered as the manager and that an application would be made once their DBS which they had applied for had been processed. We will continue to monitor this.

We spoke with the manager about their plans to develop the service and to share with us the changes they had introduced since their appointment. We were informed that they were in the process of updating and reviewing people's care plans and other documentation. At the previous inspection we found records to be accessed in an emergency by staff or health care professionals not to be up to date or readily accessible. The manager showed us that they had undertaken a general emergency evacuation plan, which we saw was readily accessible. The plan provided information as to the support people would require should they need to evacuate the service in an emergency.

The manager told us that the quality assurance manager had undertaken an audit of medicines two weeks prior to the inspection; however they had not received a report as to their findings. This demonstrates an ineffective system to monitor the quality of the care being provided and limits the ability of the service to improve the service it provides to people, as information is not shared timely.

We asked the manager if they had undertaken any audits as to the quality of the service. They informed us they had. A medicines audit had been undertaken following their observations of poor practice, where they noted staff were signing medicine administration records incorrectly. The manager had organised for the pharmacist who supplied the medicines to people using the service to provide training for staff with responsibilities for the management and administration of medicine. Training was completed successfully and the staff were awaiting the training certificates to be sent to the service.

At the previous inspection we found protocols were not in place providing guidance for staff where people had been prescribed medicine to be administered as and when needed. We found guidance was in place, which meant people could be confident that their medicine would be given consistently and safely by staff.

The manager shared with us an environmental audit they had undertaken which had looked at the décor, cleanliness and safety aspects such as radiator covers and mattress integrity of people's bedrooms. Where improvement had been identified these were being addressed, which had included the decoration or some people's bedrooms, to reflect their choice.

The manager had commenced a monthly audit of accidents and incidents within the service. They told us this was to provide them with an overview and to assure themselves that these events were followed up and the appropriate action taken. This included informing relevant agencies and referrals to relevant health and social care professionals if required.

The manager had sent out questionnaires seeking the views of family representatives of those using the service, at the time of our inspection four had been returned. The manager informed us the information from these would be collated and used to develop the service, and shared with all relevant parties. The manager told us that a meeting involving people who used the service had not taken place since the previous inspection.

The manager informed us that a senior carer had spoken with everyone who used the service to seek their views to develop the menu. The senior carer confirmed they had spoken with everyone; however there were no written record as to people's discussions. The senior carer told us the menus had been reviewed, to reflect people's choices and meals were now prepared and cooked in the main on the premises by the recently appointed cooks. We saw the menu was displayed on a board in the main hallway and the meal served on the day of our inspection was consistent with the menu.

The provider told us that a staff meeting had taken place, prior to the manager's appointment, however no minutes were available. We asked the provider to provide a copy of the minutes.



A copy of the most recent minutes of the staff meeting in relation to A S Care was not been provided to CQC.

We spoke with the manager about staff training, support and supervision. They told us a programme of training had commenced, which was on-going. Training had been provided in topics, which included equality, diversity and inclusion, pressure area care and falls. Training had been scheduled for November 2016 in other topics which included behaviour that challenges and dementia awareness, infection control and health and safety, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) awareness. This showed that plans were being put into place to help ensure staff were provided with the skills to promote quality care and support.

At the time of the inspection the manager had undertaken the formal supervision of three members of staff, records showed the supervision had been used to discuss the specific needs of people, staff training and development, teamwork, promotion of people's equality and diversity and responsibilities with regards to safeguarding people from risk or abuse. The manager confirmed that staff competency assessments had yet to commence.

The previous inspection had found improvements to support the quality of life of those living with dementia had not been addressed as people's access to individual interests had not been explored. We found an area of the service to now include activities for people to engage with, which included an area for people to sit and seek comfort by spending time caring for dolls and soft toys. Staff had created interactive cushions for people to hold and stimulate their senses with the range of textures, zips and other fastenings. On the day of our inspection we did not see people accessing the room or using any of its contents. We did however observe staff spending time with people using the service providing hand massage. We saw staff sitting with people talking with them about newspaper articles or discussing other topics important to them. Many people sat in a room with either a television or radio as identified at the previous inspection, with their eyes closed. Further action was needed to enhance people's quality of life.

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<br><br>The Warning Notice served by the Quality Commission for breach of Regulation 17 was not met. |

### **The enforcement action we took:**

Notice of Decision to impose a condition of registration for the regulated activity: Accommodation for persons who require personal or nursing care.