

Mauricare Limited

A S Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 February 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

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

The service 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 22 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.

This inspection took place on the 18 July 2017 and was unannounced.

A S Care 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.

When people needed assistance this was provided promptly and we saw there was a visible presence of staff in communal areas to promote people's safety. Staff told us the increase in the number of staff on duty had enabled them to provide improved care and spend time with people, talking with them.

Medicine was safely managed in the service and records showed that the systems for medicine management were robust. Staff provided people with assistance where it was needed to take their medicine.

Where people were at risk, staff had the information they needed to help keep them safe. This included clear guidance within people's care plans as to how staff were to meet the needs of people's health conditions; and respond appropriately should they have any concerns about a person.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staffing levels had been assessed and additional staff were on duty which meant people's needs were being met safely.

People received their medicines correctly and at the right time, which promoted their safety and well-being.

Assessments of risk had been undertaken and measures put in place to reduce risk and included the action of staff in reducing risk. This included where people had specific health care needs, which required monitoring.

Information about safeguarding was available to people using the service, their family representatives and 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 18 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 6 February 2017 had been made. We inspected the service against one of the five questions we ask about services. Is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector.

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

We looked at the risk assessments and their associated care plans of five people who used the service and other records relating to their care and welfare. We looked at some training records and the meeting minutes of staff meetings. We looked at records in relation to people's medicine.

# Is the service safe?

## Our findings

At our previous inspection of 6 February 2017 we found people's safety and welfare was compromised and their needs not met in a timely manner as there were insufficient staff on duty to meet their needs. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. We found improvements had been made.

The provider following the previous inspection informed us that they would be increasing the number of staff on duty so there were sufficient staff to meet people's needs safely. We found the number of staff on duty in the morning had increased. Staff we spoke with told us this had significantly improved the quality of care they were able to provide. For example, a member of staff told us staff were now able to provide an increased number of showers for people in the morning, as well as having more time to spend talking with them. During our inspection visit we saw that people when they requested assistance by using their call bell were responded to in a timely manner. We also noticed a greater presence of staff in communal areas of the service, which increased the supervision of people, further promoting their safety.

The registered manager had discussed staffing levels at a recent staff meeting, to seek the views of staff regarding staffing numbers. Staff were positive about the additional staff available. The registered manager told us to further support people, they were in the process of liaising with the provider with a view to increasing the number of staff on duty in the afternoon and evening. The CQC will consider this as part of the next comprehensive inspection.

At our previous inspection of 6 February 2017 we found the provider was failing to ensure there was a robust system in place for the administration of people's medicine. We found medicine was not always administered consistently with the prescriber's instructions as people had experienced 'missed' dosages of their medicine. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. We found improvements had been made.

We found people were being administered their medicine safely; consistent with the prescribers instructions. We looked at MARs, (medicine administration records) which had been completed to record when people had been given their medicine. Medicine had been administered correctly, which included medicine that was administered by staff direct from its original packaging as well as medicine that had been put into a monitored dosage system by a pharmacist. People's medicine had been administered consistent with the prescriber's instructions for PRN (medicine to be given when required). There were clear instructions as to when and why PRN medicine was to be administered.

As part of the quality assurance process, senior care staff on duty, responsible for the administration of medicine, recorded information about people's medicine as part of their daily handover. This ensured medicine continued to be appropriately documented and discussed to ensure staff responsible for medicine had up to date and accurate information.

The senior carer told us of the involvement of a representative of the Clinical Commissioning Group (CCG)

were supporting staff by offering advice and guidance in the management of medicine. The registered manager told us the CCG would be providing additional training in the near future, which would include training on delegated health care tasks, such as the administration of eye drops.

We observed the senior member of staff administering medicine to some people. The member of staff encouraged people to take their medicine and answered any questions they were asked. The member of staff remained with the person to ensure they had taken all their medicine.

Risk assessments were in place and reflected a wide range of topics, which included where potential risks had been identified, associated with people's health. Risk assessments were tailored to reflect people's individual needs and provided clear information for staff as to their role in promoting a person's health and welfare.

Records of a person who had diabetes contained clear information for staff as to the signs and symptoms, should the person experience a hyper (high blood sugar level) or hypo (low blood sugar level) glycaemic attack. Records provided guidance as to the action staff should take in such an event to promote the person's safety. The risk assessment was supported by a care plan, which recorded the dosage of insulin medicine to be administered. It instructed staff to monitor the level of sugar within the person's blood, which included information as to their normal blood sugar range. The care plan provided guidance as to the action staff should take if the person's blood sugar levels were outside their normal range.

A person who had epilepsy had a risk assessment, supported by a care plan which described how staff would know the person was having an epileptic seizure. There was clear guidance for staff on what action they should take. This included contacting emergency services after an identified period of time, should the person show no sign of their seizure ending. Additional information was provided as to how the hot weather could increase the likelihood of the person having a seizure.

At the time of the inspection, the weather was hot. The registered manager to promote staff's awareness of the potential impact on people's safety had provided information as to the signs and symptoms of heat stroke and heat exhaustion. The information was displayed throughout the service. We saw staff encouraging people to drink fluids, and a member of staff told us they also encouraged people to have ice cream or an ice lolly to help keep them cool and hydrated.

The registered manager provided information which showed the Health and Safety Audit carried out by the local authority had found the service to be compliant.

We looked at how the provider protected people and kept them safe from potential abuse or avoidable harm. The provider's safeguarding policy included contact details for external agencies. The registered manager had laminated information about safeguarding, which included contact details of relevant agencies, which was on display throughout the service. The registered manager told us people's family representatives who visited the service had been given written information about safeguarding to promote their awareness.

As a result of the improvements we have reviewed and revised the rating for this key question.