Mauricare Limited

A S Care

Inspection report

138 Westcotes Drive
Leicester
Leicestershire
LE3 0QS

Tel: 01162334300
Website: www.mauricare.com

Date of inspection visit:
06 February 2017

Date of publication:
21 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

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 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 ensuite facilities.

The service has a registered manager. However the registered person informed us that they were now working at another service, within the same organisation and therefore the registered manager will need to submit an application to CQC to cancel their registration for A S Care. The provider had appointed a new manager who had been in post for three months at the time of the inspection, they informed us they would be submitting an application to CQC to be registered as the manager for A S Care. 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 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 carried out a focused inspection of this service on 15 December 2016 to check that they had followed their action plan and to confirm whether they met the legal requirements. We found the provider had not met the legal requirements. The provider submitted a revised action plan. The Care Quality Commission took enforcement action and the service was placed into special measures. We did this as the service had been rated as 'Inadequate' in a key question over two consecutive inspections.

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

We carried out an unannounced comprehensive inspection of this service on 6 February 2017. We undertook this inspection to check whether improvements had been made and to confirm whether the provider now met their legal requirements.

We found some improvements had been made in the management of people's medicines. Some staff had undertaken training in the safe management of people's medicines. Systems for checking people's medicine administration had been put into place and this was part of the sharing of information between senior carers as part of the handover between staff shifts. However, we found instances when people had not been administered their medicine as per the prescriber's instructions. This is an area for improvement to ensure people's safety; health and welfare are promoted and maintained.

We found there were insufficient staff to promote people's safety and respond to their needs. People who required assistance experienced delays in receiving care and support from staff as staff were supporting other people. This had an impact on the safety of people using the service and meant people needs were not met in a timely manner. Insufficient staff also meant there was limited opportunity for people to be encouraged or involved in activities within the service. This is an area for improvement to ensure people's needs are met in a timely and effective manner to maintain their safety, health and welfare. We spoke with the provider and manager, who had themselves, identified staffing levels needed to be improved, and they confirmed action would be taken.

People's individual risks had been assessed with care plans having been put into place to minimise risk, these included clear information and guidance for staff to follow to promote people's safety, health and well-being. Records showed staff were following the information contained within people's care plans and staff we spoke with were aware of the needs of people at the service. People's health care needs were recorded within their care plans and records showed people accessed a range of health care professionals depending upon their needs.

We found improvements had been made in the induction of new staff and the training opportunities available to staff, however further improvements were needed. Discussions with staff and the training matrix we looked at confirmed staff had undertaken training; however training was still to be attended by some staff, which included training in dementia awareness. We observed an inconsistent approach of staff when supporting people living with dementia and those who had limited or no communication, which supported the need for staff training. The supervision of staff had been introduced and staff and records confirmed support to also be available through staff meetings.

Discussions with people using the service, their family members and records we viewed showed a greater understanding and awareness of people's rights and choices, which included working within the legal framework of the Mental Capacity Act 2005. People's views had been sought and where people were unable to make an informed decision then decisions had been made in their best interests and with the involvement of relevant professionals and family members.

We found improvements had been made to the meals provided by the service, however further improvements were needed to improve people's dining experience. People using the service had been asked for their views about the food and menus had been updated to reflect people's comments. Meals were now made on site, using fresh ingredients. The appropriate level of support people required from staff to eat their meal was not consistent, which may be attributed to insufficient staffing levels and staff awareness. People raised concerns as to the temperature of food and drinks when they were served. We spoke with the provider who confirmed they were in the process of talking with companies as to the cost of purchasing a trolley to keep food hot.

People using the service and their family members spoke positively about the caring approach of staff. They said staff were considerate of people's needs and provided the care and support they needed. Family members informed us that their relatives' care plans had been shared with them. People and their family members told us their privacy and dignity was maintained by staff. We found staff interactions with people in the main were positive and saw examples of staff supporting people when they became anxious or distressed. We did note occasions when staff could have been more responsive in identifying people's needs, this lack of insight could be addressed by the provision of further training for staff in dementia awareness and additional staff being available to provide sufficient time for staff to provide the support people need.

The registered person and manager since the previous inspection had brought about improvements to the service, which was in part due to the increased oversight of the registered person. The registered person, quality assurance manager and manager regularly met to review the improvements made at the service and to plan further developments. The manager shared with us some of the further improvements planned, which focused on the environment and the provision of equipment to support those living with dementia. The manager carried out a range of audits and the findings of these were shared with the registered person for action.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People's medicine management had improved, however additional improvements were needed in the administration of people's medicine to ensure their health was promoted and maintained.

Assessments of risk had been undertaken and measures put in place to reduce risk and the action of staff in reducing risk. This included where people's behaviour could be challenging or where they had specific health care needs.

Staffing levels were not sufficient to ensure people's safety and meet their needs in a timely manner reflective of their individual needs.

Staff had an understanding of the role in preventing avoidable harm and protecting people from abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Opportunities for staff development and support had improved. Some staff had undertaken training relevant to their role. Staff were supported through on-going supervision and by attending staff meetings.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People using the service and family members were involved in decisions about care and support. Where people had a Deprivation of Liberty Safeguard (DoLS) in place any conditions attached were being met.

People were involved in meals choices and meals were now prepared on site. Additional improvements were needed to ensure people received the support they required to eat their meals, and to ensure meals and drinks were served at an appropriate temperature.

People's health care needs were monitored and appropriate

consultation took place with external health care professionals to promote people's health and welfare.

Is the service caring?

Good

The service was caring.

People using the service and their relatives spoke positively about the staff, saying they were friendly and helpful towards them.

A majority of people's care plans had been reviewed and developed, with the involvement of people using their service and their family members, which included their views as to their care and support.

Information within people's records was recorded in a way which promoted people's dignity. Staff were seen to support people when they became anxious and distressed, and were mindful of the promotion of people's dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans recorded their views, or those of their family members, and included information about their preferences and their lives prior to moving into A S Care. Staff used this information to provide individualised care and support.

A complaint which had been made had been listened and responded to. People using the service and family members told us they would be confident to raise a concerns should it be necessary.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements had been made to the quality of care people received. Further improvements were needed to ensure people's needs were met with regards to their health, safety and welfare through the provision of sufficient and knowledgeable staff.

People using the service and family member's views had been sought through questionnaires and discussions about specific aspects of the service to bring about change and improvement.

Governance and quality assurance systems had been introduced

which were being used to bring about improvement.

In order for the provider to comply with a condition of their registration the change in managerial appointments needs to be supported by applications in relation to the management of the service.

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.

This inspection took place on 7 February and was unannounced.

The inspection was carried out by one inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of the care of older people including those living with dementia.

We contacted commissioners for social care, responsible for funding some of the people that live at the service, and asked them for their views about the service.

Many of the people using the service were unable to tell us, in detail, about how they were cared for as they were living with dementia. We therefore used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service and four visiting relatives. We spoke with the registered person [representing the provider], manager, and a senior member of care staff, two care staff, the cook and the activity co-ordinator.

We looked at the records of five people, which included their plans of care, risk assessments and medication records. We also looked at the records of two staff, which included their recruitment and supervision records and the staff training matrix. We looked at the minutes of staff meetings and documents the provider used to assess and determine the quality of the service being provided.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of 23 and 24 August 2016 we found a beach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. We issued a requirement notice which covered three areas. These areas related to people's medicine not being administered as prescribed, insufficient and inadequate information to enable staff to provide safe care and support, and the lack of safe and sufficient communication systems between staff.

We found some improvements had been made in the management of people's medicine. The manager had liaised with health care professionals and sought their advice. Protocols had been written which provided clear guidance for staff on the circumstances in which PRN medicine (medicine to be taken as and when required) was to be administered. This ensured a consistent approach by staff in its use to promote people's health and welfare.

Staff responsible for the administration of medicine had undertaken training from the pharmacist who the provider had a contract with. Staff responsible for medicine administration were also undertaking additional training through a long distance training course. Staff's competency to administer medicine had also been checked; the manager informed us that where staff were found not to be competent then action had been taken that was consistent with the provider's disciplinary policy and procedure.

Monthly audits of medicine had been introduced by the quality assurance manager and manager. The monthly audit for February 2017 by the manager had not been carried out at the time of this inspection. The audit for January 2017 had identified that not all staff were documenting when PRN medicine was given on the MARs (medicine administration records). As a result of the audit a system had been introduced to check information was being completed by senior staff as part of their handover of information, which had brought about improvements.

We looked at MARs, which had been completed to record when people had been given medicine. Medicine had been administered correctly where medicine had been provided by the supplying pharmacist into a monitored dosage system. However, we found anomalies where medicine was being administered by staff that was not from the monitored dosage system but directly from the original medicine packaging. We found two instances where staff had signed the MAR confirming the administration of the medicine. However, when we counted the medicine in the packaging we found the medicine had not been given as per the instructions on the MAR chart. We discussed this with the manager and senior carer on duty who could not account for the discrepancy.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

The manager and senior carer informed us they would add the counting of medicines onto the existing checks already undertaken for the management of medicine during the handover of information between senior carers. They said this would to be introduced with immediate effect to monitor the administration of

medicine. The checks already in' place which took place daily, ensured that the administration of PRN medicine was appropriately documented and discussed to ensure staff responsible for medicine had up to date and accurate information.

We found improvements had been made in the management of risk to individuals. We found people's risk assessments and care plans had been updated to provide clear information for staff on how they were to support people safely if their behaviour became challenging. This included how staff were to respond to people on an individual basis by using distraction techniques. For example, by talking about topics of interest with people, such as their hobbies, family or holidays. Risk assessments had identified how staff were to promote everyone's safety, including, in some cases, by withdrawing away from people, giving them time to become calmer, along with guidance on when to seek support from other staff.

People's records showed incidents where people's behaviour had been challenging were recorded and included the action taken by staff. Records were reflective of people's care plans and risk assessments, which showed staff were providing the support and care consistent with people's needs.

Risk assessments were in place and reflected a wide range of topics, which included where people required the support of staff and the use of equipment to move around the service safely, for example by detailing the number of staff required to support a person safely. Risk assessments also identified where people's health could be compromised if appropriate care and support was not provided. For example, where people had diabetes. People's records contained clear information for staff as to the signs and symptoms of people experiencing 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 people's safety and welfare

People's records contained information which was to be accessed in an emergency. These included an overview of their needs which was to be taken with them if they attended hospital in an emergency to ensure hospital staff were aware of their needs, including details as to the medicine they were prescribed. Also included for ease of access was, where applicable, a person's DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) should the person be transferred to hospital, to ensure people's wishes were respected.

Since our previous inspection the manager had put into place for each person a personal emergency evacuation plans (PEEP's). These would be used by staff and staff of the emergency services to provide appropriate support should people need to evacuate A S Care in an emergency situation.

We found there were insufficient staff to promote people's safety and respond to their needs in a timely manner. For example, we saw that one person had spilt a drink on the floor where they were sitting. This was a potential slip hazard to them and others, the person had also spilt the drink on themselves. The person had previously experienced a fall from which they were recovering, which increased the potential risk to their health and welfare. We alerted staff to our observations; they cleared the spillage off the floor, however it was a full hour before there were staff available to support the person to change their clothing.

We noted that some people in the main lounge were in some instances verbally challenging towards each other, which caused others in the room to appear anxious. There was a lack of staff presence to reassure people. This meant people's safety could not always be promoted and staff were not able to respond to people's needs timely. Our observations were mixed as to the support people received with regards to interactions and engagement in activities. We found there to be periods of time where there wasn't any meaningful staff engagement.

One person was heard asking for a member of staff to assist them in going to the toilet; however the staff member was delayed supporting someone else. The person approached us after 20 minutes, and we located a member of staff to provide support.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

The manager showed us a staffing tool which the registered person had recently asked them to complete. The tool was to assess and determine the number of staff required to ensure people's needs were met safely. The manager showed us that based on the needs of people using the service, additional staff were required, and they told us they had spoken with the registered personas to their findings.

We sought the views of staff with regards to staffing levels within the service. All staff said that in their view additional staff were needed. Their comments included, "I've always said we need more staff, I've told the manager this. Ideally additional staff all day. Most people require two staff to support them, it would help at meal times as well." "Today has been horrendous in terms of supporting people, we need more staff. I have spoken with the manager about this, as have all the staff."

We shared with the registered person and manager our observations of the care being provided and how the care and support people received had been negatively influenced by the number of staff on duty. We also shared the comments made by staff about staffing levels. The provider agreed to take action to ensure there were sufficient staff to meet people's needs by increasing the number of staff on duty.

Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service.).

We spoke with people and asked them whether they felt safe at the service. They told us, "Safe, yes I do actually, it's nice and open. I feel very relaxed living here, nobody bothers you." "Yes I do because there is always someone around." "Yes I do feel safe and everyone makes you feel safe and comfortable." And, "Yes, yes reasonably safe, the security is quite good and there are carers always around. If I didn't feel safe or I was worried about anything I would see the carers"

We noted that the staircase had a gate across it A family member told us. "My mum continually tried to climb those stairs and staff have placed the gate there to protect her." This was an example of staff taking action to protect the well-being of a person using the service.

We looked at how the provider protected people and kept them safe from potential abuse or avoidable harm. The provider's safeguarding policy had been reviewed and information included the contact details for external agencies that staff could contact to raise concerns. Discussions with staff showed that they knew what action they would take if they believed somebody was being harmed or abused, however not all staff understood the role of external agencies. The manager told us they were raise this again in the next staff meeting and in staff supervisions.

The staff training matrix recorded that most staff following our previous inspection had accessed training in topics which provided them with information and knowledge as to how they were to promote people's safety and well-being and reduce the risk of potential harm and abuse.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection of 23 and 24 August 2016 we found a beach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015: Staffing. We issued a requirement notice which required the provider to ensure an adequate induction programme for staff; along with on-going training, learning and development opportunities. It also identified that the provider was to introduce a system for the supervision and appraisal of staff.

We found improvements had been made in the induction and training opportunities for staff. The manager had introduced a system for the induction of new staff. Staff records showed staff had been made aware of specific areas such as policies and procedures to be followed to promote people's safety. Staff who had not worked within the field of care had been enrolled to undertake The Care Certificate. The Care Certificate is a set of standards for staff that upon completion provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

We spoke with a member of staff who had recently begun working at A S Care about their induction. They told us, "I shadowed [worked alongside] an experienced member of staff for about two weeks. I had loads of training, safe handling, training on the hoist, dementia training and safeguarding." They went onto say that the training in dementia awareness had enabled them to better understand the needs of those living with dementia.

The manager had introduced a system for the regular supervision of staff (one to one meetings). These provided an opportunity for staff to discuss their role and talk about their future training and development. Staff records we viewed confirmed staff were receiving supervision which was documented. We spoke with staff about their experience of supervision. One staff member told us, "I've had loads of supervision, if I make a mistake [manager's name] will say 'oh let's try it this way'." We discuss what we can do better, I find the feedback useful."

We asked staff about any training they'd had recently received. One staff member told us, "Not had any dementia awareness training, they said we were going to get some, but it never happens." And, "I'm doing my level 2 vocational qualification at the moment." A second staff member said, "I've done quite a few training courses."

The staff training matrix recorded that, following our previous inspection, some staff had accessed training, however some staff were still to access relevant training and this meant people did not always receive support from staff with the appropriate knowledge and skills. For example, our observations showed there were still areas for improvement when staff were supporting people living with dementia and those who were unable to express their views. Three people were served hot drinks and all said they were cold. The staff member said they would make them another hot drink. These drinks were replenished at their request, however those people who were unable to express their views were not provided with freshly made drinks. We also saw one person in the lounge had been given a drink and a biscuit. The person was seen to turn the biscuit over within their hand, appearing to be unsure what it was. A staff member saw what they were doing

and interacted with them but did not appear to understand the person's confusion and explain it was a biscuit.

The training matrix recorded the training that some staff had accessed. Training included dementia awareness, the care and support of people whose behaviour may challenge and the awareness of the legislation which promotes people's rights and choices. The provider employed 16 members of staff who provided care, of which nine had attained a vocational qualification in care, with one working towards a qualification. The provider and manager were aware that additional staff training was required for some staff. The manager told us competency assessments would be introduced for all staff, which would enable the provider and manager to ensure people received care and support reflective of good practice, based on staff training and knowledge.

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.

In some instances, where people did not have the capacity to make decisions, we found their records contained a letter from the Office of the Public guardian, which provided information as to who had been appointed to make decisions about their finances, health and welfare. This meant people's welfare and rights was overseen by an individual appointed by the Court to act in their best interests.

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 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 five people had a DoLS authorisation in place. We looked at two people's DoLS who had conditions attached. We found the conditions were being met by the provider, which required the recording of incidents where people's behaviour was challenging, the use of medicine and regular reviewing of its use and appropriate care plans to reflect the needs of people with regards to their care and support.

The manager was aware of their role and responsibilities in relation to the MCA and had made referrals to the local supervisory body, where they believed an application for DoLS should be considered. Records showed that where the manager believed the person lacked the mental capacity to make an informed decision about an aspect of their care, then the appropriate action had been taken. For example, the manager informed us of a planned meeting, which would involve a best interest assessor and family members of a person using the service, to discuss a specific aspect of the person's care so that a decision could be made as to their care and support.

The records we looked at where people had a DoLS in place recorded the involvement of a 'paid person's representative' (PPR). The PPR's role was to monitor 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 DoLS. We spoke with a PPR who was at A S Care to meet with someone and view their records. They told us they regularly spoke with the manager in connection with people's DoLS and found them to be knowledgeable and supportive of people's needs and their role and responsibility regarding the promotion of people's rights and choices.

A family member told us, "If mum doesn't want to get up they don't force her, they take her a cup of tea and keep popping into her room to ask would she like to get up." This was an example of staff members respecting a person's choice as to when they got up.

We spoke with people and asked them for their views on the meals provided. One person told us that they only drank coffee, without milk and sugar. They told us a member of staff had purchased for them their own coffee pot, with a matching cup and saucer. We saw the person using this, which was something they were appreciative of. People's comments about the food and drink when we asked them, included, "Well I enjoy it, I don't eat much but you can have a choice if you don't like the food [on the menu]. I have never refused what's been on offer. " "Oh it's lovely, I like everything except fish, when that's on the menu I have something else". "The food is very good, staff ask you what you want and you can have a choice if you don't like what's on." And, "Oh yes I have drinks in my room and they are always bringing drinks round. Staff will make you tea or coffee whenever you want one."

We spent time with people in the dining room and in other communal areas at lunchtime to find out about people's dining experience. We found this to be mixed and we identified areas for improvement. The menu was displayed on a board in the dining room with pictures to assist people in understanding what was on the menu. People were offered a choice of two meals. Meals were served ready plated with gravy. One person told staff there was too much gravy and so was offered another meal with less gravy. Drinks were made available on the table; however condiments remained in the cupboard and were not offered.

We found where people required support with their meals the support provided by staff was not always sufficient or consistent. We saw that a person was supported to eat their meal, and the member of staff spoke with them, which made it an enjoyable experience for the person. The member of staff asked if they were enjoyed the meal. Whilst a second person who was seen to struggle eating their meat, was provided with insufficient support. The member of staff helped them by cutting their meat; however the person appeared to continue to struggle and therefore did not eat all of their meat, wrapping it up in a serviette. People in both the dining room and main lounge complained to staff that there meal was cold. Staff re-heated their meals.

We spoke with the registered person, who told us they were in the process of sourcing a trolley to keep food hot, so that food could be served in the dining room. This meant that meals could be served in the dining room and would enable people to visually see what was available, to help inform their choices in deciding what to eat.

We spoke with the cook about the meals provided and the menus. The cook informed us they were currently reviewing these to ensure they were varied. The cook told us people's views about meals had been sought, records confirmed this. The choices and ideas people had made had been incorporated into the menu. We found the cook had made changes to meals, with a majority of meals now being prepared by the cook, where previously frozen prepared meals had been bought into the service. The cook was aware of people's specific dietary needs, which included vegetarian, soft diets for those who had difficulties with swallowing and diets appropriate for people with diabetes.

Where it had been identified people had experienced difficulties with swallowing, referrals had been made to appropriate health care professionals. Advice from speech and language therapists had been incorporated into people's nutritional care plans, which specified where 'thickeners' were to be added to people's drinks to make them easier to swallow and where people's food was to be 'soft' or 'mashed' to reduce the risk of choking.

People's care plans provided information where people were at risk from poor nutrition, for example because of a poor appetite. Drinks and snacks were served regularly throughout the day to encourage people to eat. People had their weight monitored so that any changes could be noted and action taken, for example by referring people to the relevant health care professionals.

Records provided clear information for staff about people's health needs and their role in ensuring people's health and welfare was monitored. For example, a care plan for a person who had diabetes provided clear information for staff as to how the person's diabetes was to be monitored by the testing of their blood for sugar levels. The acceptable range for the person's blood sugar levels was detailed and included information as to what action staff should take if these tests showed the results to be higher or lower than they should be.

People's care plans contained information as to the medicine people were prescribed and the reasons why. This meant staff had a clearer understanding as to people's health needs and how the medicine they had been prescribed maintained and promoted their health. People's records showed that people's medicines were being regularly reviewed with the involvement of health care professionals and changes made were documented within their records.

People's records included information as to their mental health and how changes in a person's behaviour, such as becoming anxious, agitated or withdrawn and quiet, could be an indicator that the person's mental health was deteriorating. This meant staff could report any changes to the manager so that the appropriate health care advice could be sought.

We asked people about access to health care. One person told us, "If you want to see a doctor you just have to ask the staff and they will contact my doctor". Family members when asked about access to health care told us they were kept informed about their family member's health and well-being and advised when they were unwell.

Good

Is the service caring?

Our findings

At our previous inspection of 23 and 24 August 2016 we found a beach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015: Dignity and Respect. We issued a requirement notice, which required the provider to ensure that the care and support provided to people by staff promoted their dignity and respect at all times, and people were encouraged to be involved in decisions about the environment in which they lived.

We found improvements had been made with people being supported by staff who were mindful of their dignity and privacy. People we spoke with were complimentary about the attitude and approach of staff. They told us, "They (staff) do all my washing and ironing, make my bed. It's very nice here. It's nice and peaceful and the staff are helpful, they are lovely because what you ask of them, they do, without a moan or a concern."

We spoke with visiting family members who talked with us about the caring attitude and approach of staff to both their relative and themselves. One family member told us, "We're always made to feel welcome, the staff are very friendly, always offer us tea and biscuits." They told us the homely feel of the service and the friendliness of staff had been one of the key reasons for choosing A S Care for their relative. Another family member told us, "Mum fell and the home rang me straight away to tell me. They reassured me that she was alright."

We saw staff support people when them became anxious or upset. For example, a member of staff approached a person who was sitting in the main lounge; the person appeared to be distressed. The staff member suggested to them having a hand massage. The member of staff applied the cream and massaged the person's hands; this was seen to reduce the person's anxiety and distress. On another occasion, someone who appeared distressed was speaking about a family member. The member of staff asked the person if they would like them to call their relative. The member of staff contacted the person's relative and gave the telephone to the person so they could speak with them, the person instantly smiled upon hearing her relative's voice. We observed that when staff interacted with people they did so in a friendly courteous manner.

People's care plans and records contained information about their lives prior to their moving into the service. This included information about their family and work, hobbies and interests. This information was used by staff to help them get to know the people using the service so they could provide the appropriate support. For example, where people displayed behaviour that was challenging, staff would talk with a person about a topic of interest to them, to distract them. This provided reassurance and helped to ensure that the person being supported became calm and relaxed.

People's care plans in some instances were signed by themselves, but a majority had been signed by the manager and a family representative. People's views had been recorded within their care plan, for example their preferences for the time they got up or went to bed, whether they preferred tea or coffee and the frequency in which they wished to have a bath or shower. Family members we spoke with confirmed they

had been involved in the development of the person's care plan. They told us they had been uncertain about some of the terms used; we shared this with information with the manager so they could ensure information was understood by people's family members.

When we asked people using the service and family members for their thoughts about how staff provided support with their care their comments included: "I undress myself, put dressing gown on and staff take me to the bathroom to help me have a bath." "I absolutely love this home, you are always greeted with such friendly staff who enquire how you are, I love it. "The quality of care my mum receives is absolutely brilliant, nothing is too much trouble". A family member told us they had been given an up to date copy of their relative's care plans. They said they had been asked to read them and if they agreed with the content to sign them and return them to the manager. This was an example of a family member being involved in their relative's care.

We asked people using the service and family members for their thoughts about how staff engaged with them and provided support with their care. Their comments included: "They do respect my privacy and dignity. I love it here and the staff are so nice. " "Yes staff do respect my privacy and dignity they are very good at that." And, "Staff are so respectful to the residents I know they respect my mum I have no problems, If I did I would go and see the manager."

The staff training matrix recorded that, following our previous inspection; most staff had undertaken training in equality and diversity, which provided knowledge as to how they should support people's individual and diverse needs.

Good

Is the service responsive?

Our findings

At our previous inspection of 23 and 24 August 2016 we found a beach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015: Person-centred Care. We issued a requirement notice, which required the provider to ensure people using the service received person centred care and support that was appropriate to their needs and consultation with them.

We found improvements had been made and people and their family members had been consulted about their care plans, many of which had been reviewed and updated. People's care plans had been reviewed and changes made as to how information was recorded and care plans now reflected a more person centred approach to care. People's preferences and wishes had been recorded and information written about people that reflected their rights, choices and dignity. We found the support people received was recorded within their daily notes and was reflective of their care plans. Where people had expressed a preference for the frequency of baths or showers, this was being recorded, and included where people declined to have a bath or shower.

The manager has reorganised the communal areas to provide a greater focus for activity and relaxation. The smaller lounge to the front of the service, known as the TV lounge, provided an opportunity for people to watch television and films. After lunch some people returned to the T.V. room and the activity co-ordinator put a film on which residents appeared to be enjoying. A group of visiting family members told us they had brought in musical DVDs, representative of previous decades. They told us during one visit they saw people singing along to the songs and dancing to 'Singing in the Rain'. This is an example as to how the manager has encouraged people's family members to be involved in the service and the care people receive.

We asked people how they spent their day and asked them for their views about the service. Comments included: "I go outside for a cigarette, I only have two a day but it is something I enjoy." In the morning in the main lounge the television was on, people appeared to be watching the programme, with one person laughing at the programme. We saw how one person collected the post and handed it to staff which was a good example of how people's well-being is promoted if they are encouraged to take part in everyday tasks.

The communal area, previously referred to as the annex, is now known as the music room. We spent time in the morning sitting with people and saw people singing along and tapping their feet to the music. The music from the 1940s and earlier was being enjoyed. A piano was in the room and staff told us how one person living at the service had played the piano a few days earlier. The reminiscence room led off from the music room and had objects for people to interact with, which include dolls and prams, teddies and games. We saw people sitting in a number of rooms holding a teddy, which brought them comfort. The manager told us they planned to move the items from this room as it was not popular with people using the service as they often preferred to spend their time in the music room or main lounge.

People's records included a document, 'My Life History'. Not all of these had been completed; however those that had included information about people's wishes and aspirations and the information gathered had been incorporated into people's care. For example, staff had used topics of interest to engage people in

conversation.

We asked people what they would do if they were unhappy about an aspect of their care. Comments included: "Well I'd see my daughter if I had a complaint, she sorts things out." And, "If I am unhappy about anything I would just tell whoever was on duty. The boss visits and he comes to my room, knocks on my door and comes in, he always has a chat with me."

The provider had received one complaint since from a family member since our inspection of August 2016. The manager informed us they had spoken with the complainant and offered their apologies. The complaint was investigated in line with the provider's complaints policy and procedure, which included the appropriate action consistent with the provider's staffing procedures regarding disciplinary action.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection of 23 and 24 August 2016 we found a beach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015: Good governance. On the 13 September 2016 we issued a warning notice requiring the provider to meet their legal obligation in relation to Regulation 17 by 28 October 2016.

We carried out a focused inspection on 15 December 2016 and found some improvements had been made, however these were minimal and the impact 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 received. The CQC took action by imposing a positive condition on the provider's registration that requires them to provide information as to the governance of the service, which includes plans for improvement and their progress and the impact of changes on those using the service. The provider has complied, and continues to comply with the condition on their registration.

A revised action plan was submitted by the provider, following the inspection in December 2016, which stated they would achieve compliance with the breaches of the regulations identified in previous inspection by the end of February 2017.

This inspection found improvements had been made through consultation, with people using the service, their family members and staff. This had provided information which gave a greater oversight of the service to the provider. However additional improvements were still required to ensure all staff received training to enable them to provide the appropriate care and support. Additional staff were required to meet the needs of people in a timely manner in order to promote their safety, health and well-being. And to ensure people were supported to take part in meaningful activities.

Records of staff supervision and meetings showed the manager used these as an opportunity to reinforce the philosophy of care within the service and to focus on quality care for people, with people's involvement and choices being recognised. A commitment to staff training had been made with some staff having attended courses. This had provided these staff with information and knowledge, which enabled them to improve the quality of the care they provided. The manager had enrolled on a course to support them in the validation of staff as they worked to attain the Care Certificate.
We found improvements had been made as to how staff documented people's health and welfare, which included where people's behaviour had been challenging. This showed that the training staff had attended and the guidance of the manager through staff meetings and supervisions had reinforced good practice.

Improvements had been made to the environment to support people living with dementia and through the provision of equipment. Areas of interest had been introduced, which included wall friezes and signage to support people in locating areas within the service, such as toilets, lounges and the dining room.
Information boards providing information about the weather and meals were in place and used pictorial information to assist people in understanding the information. The manager talked to us about further planned improvements, which would be in place in the near future, which were to include a 'who I am'

board and 'welcome to our home', these would be used to inform people about those living A S Care, along with the staff who worked at the service. Equipment to support people had been purchased, which included individual tables for people to use where they chose not to eat in the dining room and beds which supported people with their mobility and the promotion of their health and welfare. The manager spoke of their plans to purchase crockery and utensils to promote people's independence, for those living with dementia and those who required assistance to eat their meals.

The registered person, quality assurance manager and manager of the service had met regularly to discuss and review their plans to develop the service and to bring about improvement. Their meetings had been documented, which were reflective of the improvements made in specific areas. This had included the involvement of people and their family members in the development and reviewing of their care plans. People's views as to meals and activities of interest had been sought and acted upon, with further areas for improvement planned for. Staff development and support had been provided through training and supervision, which had brought about some improvements to the care and support people received.

The manager had undertaken a range of audits, which included environmental factors where shortfalls were noted, these were recorded for action, for example improvements to décor and maintenance to promote people's health and safety. The registered person and quality assurance manager had reviewed the action plan for the development and improvement of the service. They visited the service speaking to those using the service, their family members and staff. As part of their visits the quality assurance manager looked at records to ensure they were up to date. They also noted how people spend their time and whether they appeared happy and relaxed. Information gathered was shared with the manager so that improvements continued to be planned for.

Questionnaires that had been sent to people's family members to seek their views. The manager had collated the information and produced pictorial graphs as to the findings. The manager told us that fourteen questionnaires had been returned. The questionnaires showed that a majority of family members were positive about the care provided and the attitude and approach of staff. An area which family members had identified for improvement was the provision of activities for people to engage in, which included trips into the wider community. The manager told us they had anticipated this to be an area for improvement. They showed us the information gathered from people when they had been asked about activities. People had put forward a number of suggestions, which included activities of daily living such as cleaning and dusting, along with skipping, football, bingo and woodwork. The CQC will at the next inspection look to see if people's ideas have been acted upon.

The manager had sent out revised contracts to people or their family members, who fund their own care, these were in the process of being returned. This reflected the commitment by the registered person to ensure people's documentation and records were up to date.

The manager had recently been appointed to work at A S Care and had been in post for three months at the time of the inspection. The manager informed us they had submitted an application to the CQC to be registered as the manager. Since their appointment the manager had worked with the registered person and quality assurance manager to bring about improvements. They provided clear leadership and daily support along with focused support through staff supervision and meetings. To recognise the work of staff, an 'employee of the month' award had been introduced; staff nominated the member of staff they thought had worked particularly well.

We asked people using the service for their views as to the management and leadership of the service. One person told us, "Well run yes, oh yes if you want anything they will get it for you. I have not lost any clothes in

the laundry; the staff are lovely it's so nice living here." A family member shared their views as to the leadership of the service, they told us. "If anything wants doing it gets done, you don't have to wait. Compared to other homes this home is certainly well run, you can feel how homely it is."
We spoke with family members to seek their views as to whether their relatives received good care. A family member told us, "I find the staff very pleasant, very helpful. They care for my mum well and are very compassionate. If I had any concerns about my mum's care I would get in touch with Social Services." "If there have been any incidents staff always keep me informed. I have a good relationship with the staff."

We asked staff whether they had noted any changes within the service. They told us: "Improvements with décor and rooms. Paintings on walls are new, now we have a music room, where we generally play records." "The reminiscence room is the newest room, all new things in there." "One person likes sitting in there and likes the dolls, which has good impact on them. Some people enjoy singing to the old music." "In the movie lounge, they watch old movies and quite few go in and watch DVDs, they sing along or talk about the films." And, "A lot has changed. All the paperwork, it is more brief and up to date." "More slings for the hoists, more stuff to help the residents." "Residents are always singing and dancing, remember the music and films well, then talk to us, it is really nice."

We asked staff whether they were supported. One staff member told us, "I get quite a lot of support, if I've got any queries on medicines, all the seniors together will bring up any issue." They went onto say they, along with the manager, were responsible for medicine management. When asked about supervision staff comments included: "I have supervision held with [manager's name]; I can talk to them, as they're approachable." "I think [manager's name] is brilliant, they're getting things moving." And "Feel that they listen to me." Staff also told us: "[senior carer's name] is also brilliant." And, "Open office, can go and speak with [manager's name]." "We have staff meetings, calls us all in. Feel that they are useful. Feel listened too."

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 12 HSCA RA Regulations 2014 Safe care and treatment The administration of people's medicine was not robust as people's medicine was not always administered consistently with the prescriber's instructions as people had experienced 'missed' dosages of their medicine.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People's safety and welfare was compromised and their needs were not met in a timely manner as there were insufficient staff on duty to meet their needs.