

Mauricare Limited

A S Care

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

A S Care is a residential care home providing personal care to up to 25 people in one adapted building. The service provides support to older people with dementia, mental health concerns, physical disability, and sensory impairment. At the time of our inspection there were 18 people using the service.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Care plans did not always contain consistent and up to date information. Staff had not always been recruited safely. Infection control measures were not always satisfactory.

Improvements had been made at this service since our last inspection. However, there was ongoing concerns about the recording of diabetes and other treatments, which had not been identified by the provider's own checks.

Some improvement had been made with medicines management aside from insulin, a medicine used to treat diabetes. Audits had not always been implemented effectively to drive improvements.

People reported they felt safe at A S Care. The premises decoration and upkeep was significantly improved this inspection. There were sufficient, suitably qualified staff. Meals were reported as being good quality, with a choice for people.

The registered manager was reported as being approachable, and was actively seeking to improve the service before, during and after our inspection. People and relatives were consulted at regular intervals by questionnaires and meetings. Health and social care professionals spoke positively about their interactions with the registered manager and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 2 March 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of some regulations. However, we found the provider remained in breach of other regulations.

This service has been in Special Measures since 18 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

## Why we inspected

We carried out an unannounced inspection of this service on 9 August 2022. Breaches of legal requirements were found in safe care and treatment, premises and equipment, good governance, staffing and fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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

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

## Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding people from improper treatment and abuse, good governance and fit and proper persons employed at this inspection.

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

## Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led 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 Health and Social Care Act 2008.

#### Inspection team

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

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from

the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who use the service, 9 relatives about their experiences of the care provided. We spoke with 2 external health or social care professionals who were involved in people's care at the service. We spoke with 11 members of staff including care staff, laundry worker, housekeeper, registered manager, quality lead and directors. We reviewed a range of records. This included 5 care plans and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed.

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

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Using medicines safely; Assessing risk, safety monitoring and management

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Diabetes was not always managed safely. From the records we reviewed it appeared insulin, a treatment used to reduce blood sugars for people with diabetes, was not always administered correctly. For example, records showed where a person's blood sugar was too low, and a sugary drink or food should be given, insulin had been given inappropriately. This put people at risk of further low blood sugars and the effects of low blood sugars on their body.
- Care plans did not always contain consistent information to guide staff around diabetes management. For example, one person whose insulin dose had been altered by health care professionals over one month previously, had not had their care plan updated to reflect this. This put them at risk of receiving the incorrect dose of insulin, which put them at risk of harm.
- Staff did not always know what action to take in an emergency due to a lack of detail in the care plans. One staff member told us an inappropriate action to be taken if a person with diabetes had a low blood sugar. A different staff member told us the incorrect levels when they would be calling 999 for urgent help for someone with low oxygen levels. This meant people with diabetes and those at risk of low oxygen levels were at risk of unsafe care and treatment.
- Care plans did not always contain the most up to date information and there was a lack of detail within the care plan about how to manage some health conditions and provide treatment for these conditions. For example, we saw hoist sling sizes recorded differently throughout one care plan. This put people at risk of unsafe care and treatment as staff may use the wrong equipment for the person.

Whilst no one came to harm because of this, systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of unsafe care and treatment. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. Individualised training took place with staff involved and further checks were put in place by the registered manager to ensure this did not occur again.

- At the last inspection 'as required' (PRN) medicines did not have sufficient information to guide staff to the correct timing between doses. At this inspection this has improved, and appropriate guidance was in place.
- At the last inspection the medicines room temperatures were frequently outside the recommended range for storing medicines. This was not identified as a concern at this inspection.
- Medicines were otherwise managed safely, and allergies were always recorded.

At our last inspection, as a result of the poor maintenance of premises, people were at risk of harm. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the last inspection due to poor maintenance of the premises, people were identified as being at risk of harm. At this inspection significant improvements had been made to the environment and upkeep of the building had improved. All wardrobes were secured to the wall, emergency call buttons were in operation and window restrictors were found to all be in place.

#### Staffing and recruitment

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff recruitment was not always safely completed. Staff did not always have a full employment history on their employment records and references were not always obtained from appropriate people.

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

At the last inspection, there was a lack of sufficient numbers of suitably qualified, competent, and skilled staffing. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient suitably qualified, competent, and skilled staff employed. Whilst two relatives told us they felt there was insufficient staffing at weekends, we reviewed the rota and found there was enough staff. People who use the service told us there were enough staff and one person said, "I always get help when I need it." Our observations confirmed there were enough staff present as the environment was calm and people's needs were responded to in a timely way.



- People and relatives felt staff were suitably trained. One relative told us, "The staff are very skilled at what they do."
- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- There was a lack of deep cleaning taking place at the location. We were shown deep cleaning rotas by the registered manager which had not been completed and staff told us deep cleaning was not being completed. Deep cleaning is a more enhanced programme of environmental cleaning, which complements the routine daily cleaning in a care home. This meant the provider could not be assured people were protected from the risk of infection.
- Cleaning equipment was not replaced or washed regularly. Mop heads were changed every month but not washed in between this time. This meant people were at ongoing risk of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Management of legionnaire's risks had improved at the service and taps were free of limescale, which if present can increase the risk of legionella.
- We heard from relatives and people the home is generally clean. One relative told us, "The home is clean and tidy." Whilst another said, "When I visit, the home is always clean and tidy, and the bedroom is lovely."

#### Visiting in care homes

- People were supported to have visitors in line with government guidance. One relative told us, "You can visit when you want and it's not restrictive."

#### Learning lessons when things go wrong

- At the last inspection action following incidents had not always been taken. At this inspection, this had improved, however as reported in the effective section of this report, records about the behaviours of distress shown by people were not always recorded effectively.
- The registered manager and provider were quick to address concerns identified at inspection.

#### Systems and processes to safeguard people from the risk of abuse

- Not all staff were aware of whistle-blowing, what it means and how it should be applied. A whistle-blower is a worker who reports a certain type of wrongdoing that they witness in the workplace. This could be anything from negligence, corruption or another form of malpractice that could put people at risk.
- People and their relatives reported people felt safe at the service as staff were always available to support them and staff took security of the premises seriously. One relative said, "I feel [name] is totally safe."
- There were robust systems in place to record and report abuse. Where allegations of abuse had been made, these were appropriately investigated and reported to CQC. Staff we spoke to were generally aware of safeguarding processes and how and who to report to, should abuse occur.

# Is the service effective?

## Our findings

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

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

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

- DoLS conditions had not always been met. For example, where people displayed behaviours of distress and a condition was in place to analyse the cause of distress to try and identify patterns and reduce the distress and behaviours, this analysis was not always completed. This meant people were being deprived of their liberty without appropriate actions being taken by the provider.

As people were not always supported in line with their DoLS conditions, people were not always safeguarded from improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of the assessment process, the management team carried out an assessment of people's needs, which included liaising with the person, their family and health professionals involved in their care.

- Tools to assess the risks of pressure damage and nutritional needs of people had been used appropriately.

Ensuring consent to care and treatment in line with law and guidance

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The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Where people lacked capacity, assessments were completed, and decisions were made in people's best interests, however, records did not show who had been involved in this decision. It is important to make these decisions with relevant health and social care professionals to ensure the least restrictive option is being used.
- Staff did not always ask people for consent with day-to-day tasks to make sure they were happy to be supported. We observed one staff member placing plastic aprons over people's heads at mealtime, to protect their clothes during the meal without asking the people's permission or explaining what they were doing, which caused people distress.

#### Staff support: induction, training, skills and experience

- Staff mostly had training in areas relevant to their job roles. One relative told us, "The staff are vigilant and take time explaining what they are doing especially when they transfer, which reassures [Name]." Where 2 staff were not up to date with all training, evidence was shown of the steps by the registered manager to encourage staff to obtain this training.
- Staff were receiving supervisions in line with the providers policy. The management team were checking staff competency in areas such as medicines and supporting people to mobilise.
- Relatives reported staff were knowledgeable about the people they supported and were able to offer updates to relatives. One relative said, "The staff are polite and respectful, not only to [Name] but to me when I visit, there is always someone around to update me on [Name]."

#### Supporting people to eat and drink enough to maintain a balanced diet

- People had their fluid intake measured. It had not always been recognised when the fluid intake of people was low. The provider put steps in place to address this.
- People were happy with the choice and quality of the food. One relative said, "The food is good and meets [Name's] needs and they have put on weight." Another relative said, "I am told by [Name] the food is good, and you get a choice, and you can have what you want to eat if you don't like what is on offer."
- People who required support to eat, were supported in a person-centred way at mealtimes.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as district nurses, occupational therapists, and GP's if this was necessary. One relative told us, "[Name's] mobility has deteriorated, and the manager has contacted occupational therapy to visit."
- Visiting professionals spoke positively about the communication with the registered manager and staff. They told us, "Staff are friendly and welcoming and always make time for you to talk and feedback." They told us, "The manager has a good understanding of [Name's] needs."

#### Adapting service, design, decoration to meet people's needs

- Since our last inspection a sensory board had been put up. Sensory stimulation offers adults with dementia a way to express themselves without the need for words.
- The internal decoration of the home had improved since our last inspection. A board with a bakery image display with baskets which contained snacks people could help themselves to had been installed. There was an activities board with photos of recent activities which had taken place at the service.
- The refurbishment plan was effective at identifying concerns with the environment. Where scratches to paint work were identified on handrails in one location of the home, this had already been identified on the refurbishment plan and maintenance was scheduled to address this. Stair gates were put in place immediately after the inspection when the provider identified they would benefit from being in place.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care plan audits took place but were not frequent enough or effective. Care plans contained information which was not always consistent such as the size of equipment used for a person or the frequency of diabetes blood sugar checks or the required amount of insulin. This placed people at risk of inconsistent care and treatment.
- Oversight of the management of diabetes and other medical devices and treatment was lacking, as discussed in the safe section of this report. This meant people were placed at risk of unsafe care and treatment as the provider lacked oversight of these concerns until they were identified to them at inspection.
- Where audits had identified concerns, timely action had not always been taken to address these issues. For example, an audit to analyse the charts which recorded the positioning of people in bed, and who were being turned regularly as they were at risk of pressure damage to their skin was completed in March 2023 and identified significant gaps in recording of this re-positioning. This audit was not repeated until 23 May 2023, and this identified similar concerns. This meant the action taken because of the first audit had been ineffective and was not identified until 2 months after the issue was first recognised.
- The same applied to an audit reviewing fluids taken by people. The audit which identified concerns with limited fluids being recorded being drunk by people in March 2023 had not been successfully acted on by management team as similar concerns were identified on 23 May 2023.
- Systems for recording best interest decisions were not effective. This meant we were unable to identify who had been consulted when best interest decisions had been made.

The systems had not been successfully embedded to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of unsafe care and treatment. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities)

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

- People and relatives felt the culture of the home was positive. A relative said, "Communication is good, and I can speak to the manager as they are very approachable and there are usually plenty of staff around when I visit, and I have been fully involved in the care plan."
- People and relatives spoke positively about the registered manager and staff. A relative told us, "I would recommend the home to anyone, and the most pleasing thing is you can have an open and honest conversation with the manager, and staff care about the residents." Another relative told us, "Staff go out of their way to listen and do the best job they can and that's down to having a well-managed home and a manager that listens."
- People and relatives were regularly consulted on ways the home could improve. A relative told us, "I am aware of relatives meetings," and "I am kept well informed of [Name's] health and updated on changes occurring in the home, I completed a questionnaire recently."

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

- The registered manager understood and applied the duty of candour appropriately.
- Complaints and concerns were recorded effectively and addressed appropriately. A relative told us, "If I was unhappy, I would speak to the manager as (they) are very approachable and open." Whilst another relative told us, "I have seen a big difference in communication since I complained several months ago to the manager." They then told us, "I am happy with the way the matter was addressed and now I am fully involved and updated on a regular basis. The manager is very approachable and listened and actioned everything."

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

- Equality characteristics were considered in care plans and one person was supported to attend a culturally relevant activity.
- Relatives felt included in the care of people. One relative told us, "I am fully updated by the manager and staff on any changes to [Name's] health and feel included in the care plan."
- Positive interactions were reported by people and relatives. A relative said, "There is good interaction between the residents and staff and the staff know everyone and call them by their preferred name."

Working in partnership with others

- As reported in the effective section of this report, health and social care professionals who work with the registered manager and staff, spoke positively about the partnership working with them.
- Relatives reported effective communication between staff and other healthcare professionals. We were told by a relative their loved one had a recurring condition which requires review by health professionals, they told us, "If this occurs, the staff ring the GP and the district nurse attends. I am informed straight away, communication is good."

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  People were not always supported in line with the conditions on their DoLS.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always kept safe and free from harm

**The enforcement action we took:**

Varies the conditions of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective systems and processes in place to keep people safe at this location.

**The enforcement action we took:**

Varied the conditions of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not always recruited safely, this is a repeat breach of this regulation.

**The enforcement action we took:**

Issued a warning notice