

# Review of compliance

<p>Rushcliffe Care Limited Bhajan Kaur Rai Hall</p>	
<p><b>Region:</b></p>	<p>East Midlands</p>
<p><b>Location address:</b></p>	<p>Epinal Way Care Centre Epinal Way Loughborough Leicestershire LE11 3GD</p>
<p><b>Type of service:</b></p>	<p>Long term conditions services Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>July 2011</p>
<p><b>Overview of the service:</b></p>	<p>Bhajan Kaur Rai Hall is registered to provide accommodation for persons who require personal care for up to 27 people. Accommodation is on the ground and first floor. The home is situated at the providers head office at Epinal Way which is close to the centre of Loughborough.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Bhajan Kaur Rai Hall was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 17 May 2011.

### What people told us

People praised the staff employed at Bhajan Kaur Rai Hall (BKR) one person said they were bored as they didn't have enough to do.

### What we found about the standards we reviewed and how well Bhajan Kaur Rai Hall was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People received safe and appropriate care treatment and support.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People were protected from abuse or the risk of abuse.

#### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Staffing levels were not sufficient to meet peoples needs.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People had their health and welfare needs met by competent staff.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

One person spoken with told us they were quite happy living at BKR and that the staff were good, this person told us about one particular staff member and said 'I cant praise him enough, he is marvellous'. One person told us that staff ensured that their special diet was always adhered to and that staff would contact their GP whenever this was needed. One person told us they were bored and not given the opportunity to participate in recreational activities.

##### Other evidence

We looked at care and assessment records for three people. People have their needs assessed before moving in to ensure that the service is suitable to meet their needs. Assessment records were detailed and care plans and risk assessments were in place for each identified need. Where challenging behaviour was identified, care plans provided staff with clear instruction as to what actions to take to reassure and diffuse any potentially aggressive situation. People identified as at risk of becoming aggressive or of entering other peoples rooms were closely monitored with 30 minute observations, however, at night time because there was only one staff member on each floor, the ability to monitor and supervise was limited. During our visit at least five people had been unsettled during the night.

We observed staff interacting with people living at BKR, interactions were positive and relaxed and it was evident that staff had a good rapport and were able to reassure people who had communication or cognitive difficulties.

Staff told us that activities were provided during the afternoon on most days. Again we were concerned that because of low staffing numbers people may not have the opportunity to participate in activities that are meaningful to them.

**Our judgement**

People received safe and appropriate care treatment and support.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak with anyone living at BKR about safeguarding people from abuse.

##### Other evidence

Concerns had been raised regarding the actions staff took in response to suspected abuse. Some improvements had been made and staff were now reporting any untoward incidents or suspected abuse to CQC and to social services in line with national policies. Not all staff had received formal training in safeguarding people from abuse but this had been addressed during induction training. Staff spoken with were aware of the correct procedures to follow in the event of suspected abuse and told us that the management team listened to any concerns raised and would take appropriate action. We issued an improvement action asking the providers to review the safeguarding training provided and their procedures for investigating and handling concerns.

Staff were aware of the Mental Capacity Act and associated Deprivation of Liberty Safeguards (DOLS). Appropriate referrals were being made to the DOLS team where this was necessary.

##### Our judgement

People were protected from abuse or the risk of abuse.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

One person told us that staff decided what time they got up in the morning and that when they were in the lounge there were not always any staff in attendance and they had to wait for staff to come into the lounge if they needed any help or support.

##### Other evidence

Staff spoken with felt that staffing numbers were not sufficient to meet people's needs at night. At the time of our site visit there were two members of staff on duty at night. The home is split into two units, one on the ground and one on the first floor. At night there was one staff member on each floor with other staff on call to assist were this was needed. There was an expectation that night staff get approximately 6 people up and dressed before the day staff come on duty and the majority of people were in bed when night staff commenced work, staff told us they only got people up who were awake anyway. However we were concerned that low staffing numbers were limiting the choice available to people living at BKR.

Because some people had high dependency needs and some people required close supervision and monitoring we issued a compliance action asking the provider to increase staffing numbers.

##### Our judgement

Staffing levels were not sufficient to meet peoples needs.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

One person spoken with praised the staff employed at BKR.

##### Other evidence

Staff spoken with said they received the training and support they needed.

We looked at records of supervision provided by the manager; records showed that many staff had not received formal supervision for some time.

We looked at training records, all staff receive induction training when they first commence employment and the manager was in the process of repeating this training for staff who had been employed for some time. An ongoing programme of training and development was in place; all staff had received dementia care training. Many of the staff employed held a National Vocational Qualification in care.

Staff spoken with told us they felt supported by the management team and that they could approach the manager with any concern and she would listen to them and take appropriate action and that team meetings were regularly held. Many staff at BKR worked up to 50 hours a week but staff spoken with told us this was their choice to do this.

##### Our judgement

People had their health and welfare needs met by competent staff.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> People living at Bhajan Kaur Rai Hall must be given opportunities to participate in activities that are meaningful to them.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>Why we have concerns:</b> Not all staff had received formal training in safeguarding people from abuse and procedures for investigating concerns raised by staff must be reviewed.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>How the regulation is not being met:</b> Staffing levels were not sufficient to meet people's needs or to ensure protection from harm. People were restricted when making choices about how to spend their day because staffing numbers were not sufficient.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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