

# 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>Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>October 2012</p>
<p><b>Overview of the service:</b></p>	<p>Bhajan Kaur Rai Hall is owned and managed by Rushcliffe Care Limited. The service is situated in Loughborough, Leicestershire. The service offers accommodation for up to 33 people who require personal care. Accommodation is on the ground and first floor. It is registered to care for people under the regulated activity:- Accommodation for persons who require</p>

	nursing or personal care.
--	---------------------------

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

## Our current overall judgement

**Bhajan Kaur Rai Hall was meeting all the essential standards of quality and safety inspected.**

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 as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 September 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People had a range of assessments and care plans which detailed the care and support they needed. People were supported with their choice of lifestyle and interests. One person said "They helped me recover when I was poorly and now I pretty much look after myself". Another person said "The staff help people that need the help, you see staff sit and help some people with meals or spend time doing their nails."

People's health and care needs were monitored and reviewed regularly by staff. People had access to a range of health and social care professionals that ensured their health needs were met.

People told us they always had a choice of meals and were satisfied with the quality and choices available. One person said "The meals are lovely, especially the hot dinners for tea."

People told us they had opportunities to make comment about the service. People were aware of how to express concerns or make a complaint about the service and were confident that the concerns would be addressed quickly.

People were supported by enough qualified, skilled and experienced staff to meet their needs. One person said "I've found the staff to be kind and very caring."

The provider had an effective quality assurance system, which monitored the day to day running of the service. These included audits and checks on the environment, and the management and delivery of care, staff and health and safety. People using the service

and their relatives had opportunities to comments and give their views about the quality of services experienced.

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

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard. People were protected from the risk of inadequate nutrition and dehydration.

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

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service people receive.

## **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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

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

We asked people using the service how they were involved and supported to make decisions about their care needs. People told us they were given information that helped them to understand the care and support available to them. People said their views were taken into account in the way the service delivered the care and support they needed. One person said "They gave me the help I needed when I moved here but now I'm quite independent and I go out."

People's diversity, values and human rights were respected. People were supported with their daily routines and their lifestyle supported. One person said "I've only been here a little while and so far, they have helped me as they said they would and I get the daily paper to read."

We saw people's privacy and dignity was respected at all times. People were clean and well presented. We asked people about their experiences of how staff treated them and responded to their needs. People told us they were well cared for and treated with respect. One person said "I was surprised when a male carer arrived to help me shower, but he was so polite, gentle and helped me when asked to do so. I don't mind him helping me now at all."

We asked people what opportunities they had to offer feedback about their experience of the service. One person said, "They often have meetings for all the residents here." Another person said "I completed a survey form them gave me only a few weeks ago."

### **Other evidence**

We looked at the records of four people using the service. Records showed people's needs were assessed, and their views and requirements identified. The care plans contained information about the individual's care and support needs to fit in with their daily routines. The decisions made by people were recorded in the care plans and signed by the individual if they were able to do so. This showed people were informed and understood how the service would meet their needs, which promoted their independence and community involvement. In some instances family members were asked about people's daily routines as they were not able to say because of their dementia or short term memory.

Staff said they received training in the equality and diversity to support people and promote their independence. Staff understood their responsibilities with regards to respecting people's privacy and dignity and gave us examples of how they promoted people's rights.

We read the minutes of the recent residents meeting. The items discussed included the review of the meal service and the summer fete amongst other topics. The minutes showed people were asked for their views, involved in the review of the meal service. The minutes showed people also made comments about the service and had the opportunity to raise concerns.

### **Our judgement**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## 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

We asked people using the service for their views on the care and support they received. People told us the care and support they received was planned and delivered in a way that ensured their safety and welfare. People were aware of their care plans and were satisfied with the service they received. One person said "I'm quite happy with the service and staff will ask me from time to time, if the help I get is enough."

We asked people about their experiences of daily living and routines. People told us they choose how they spent their day. We saw some people read the daily newspaper. One person said "I quite like to read a book from the selection in the library. Another person said "I go out every day for a walk or use the gym."

People told us that they saw the doctor when they needed to. One person said, "I've been seen by the district nurse and she's very good too."

##### Other evidence

Our inspection of September 2011 found people were not given opportunities to participate in activities that were meaningful to them. The provider wrote to us and told us there was a designated member of staff responsible for organising activities for people. We inspected the service on 10 September 2012 and found people took part in individual and small group activity such as craft work. The individual records of people's social activities and involvement confirmed this people were offered opportunities. People using the service were involved in the planning of the summer fete held in July 2012, which raised funds for Christmas and entertainers.

We selected the records of four people using the service. Records showed people's needs were assessed, risks managed and information about their preferences were used to develop the care plan. People's care and support needs had been planned and was delivered in a way that ensured their safety and welfare. Care plans were written from the individual's perspective and preferences, and included sections on maintaining a safe environment, care and personal hygiene, eating and drinking, pressure area care amongst others. Safety measures were included in the care plans to manage risk such as falls. Staff said they referred to the care plans when they supported people with dementia to ensure the way the care and support was delivered was consistent, accurate and safe.

Records showed people's health issues were monitored. People had access to health care appointments with regards to their physical and mental health. For example, we found record of support and treatment delivered by the district nurse and instructions from the doctor to monitor an individual's health. People's weights were measured monthly or weekly if there were concerns about their weights. People needs were regularly reviewed and monitored by health and social care professional. Records showed people were supported with their medication. Staff said they monitored people's health and sought medical advice if people's health deteriorated. The records we looked at confirmed this.

We looked at other records including the daily records, which were up to date and showed the care and support delivered by the staff reflected the description of needs in the care plan. The care plans were up to date and reviewed regularly.

People's equality and diversity needs were also included within care plans. Where people had particular religious or cultural needs, records we looked at showed arrangements in place to support them. Staff were knowledgeable about how they met people's needs and described some of the arrangements in place to ensure people's social and diverse needs were met.

### **Our judgement**

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

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

We asked people using the service about the quality and choice of meals available to them. People were complimentary about the quality of meals. People told us the main meal was at tea time and said "the meals are lovely" and "I've put on a little bit of weight even though I walk everyday." Throughout our inspection visit we saw staff offered people sufficient amounts of drinks.

People were supported to eat and drink sufficient amounts to meet their needs. There was a choice of suitable and nutritious food and drink to meet people's dietary needs. One person said "I have a special diet and they've made sure I always have a choice" and "they put a jug of drink in my bedroom every evening in case I get thirsty at night."

We observed the meals served at lunch time on the first floor. The atmosphere over lunch was quiet and relaxed. Most people remained seated in their arm chairs, a few people sat in the dining room for their meal and other's remained in their bedroom. Staff supported some people individually who needed help with their meals. Staff used words of encouragement, made conversation and assisted people in a sensitive manner that respected their dignity. We observed a few people who sat looking at the plate of food and one person who walked away from the table without eating.

##### Other evidence

Staff were aware of people's dietary needs and said they would check the care plan if there had been a change reported. Staff said some people with dementia need more encouragement and help at meal times. We saw a person with dementia who was not supported or encouraged to eat their meal got up and left the dining room without

eating. The provider might find it useful to note that some people were unable to recognise the meals or the purpose of a plate of food placed in front of them because of their dementia or short term memory.

We spoke with the cook on duty and asked them about the menu choices. They told us they have a four weekly menu in place, which includes seasonal dishes, fruits and vegetables. We found there was a choice of meals available at all times and that an alternative meal or snack was always available.

The cook was trained and knowledgeable about preparing nutritional balanced meals. The range of meals prepared met people's dietary needs such as diabetic or gluten free meals or soft diets. The service was inspected by the environmental health team in August 2012 and awarded the service five stars.

We read the care files of four people, which all contained information about their dietary needs and preferences. An initial nutritional screening was completed for people when they moved to the service or when concerns about eating and drinking were identified. Records showed people with special dietary needs were met. Arrangements were in place to safely manage risk or deal with any foreseeable emergencies such as the action to take in the event of choking.

We found people's weights were measured regularly and a record kept of any weight gain or loss. Records showed the referrals were made in a timely manner to the doctor and the dietician, when there were concerns about people's eating and drinking.

### **Our judgement**

The provider was meeting this standard. People were protected from the risk of inadequate nutrition and dehydration.

## 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 spoke with people using the service and asked them about their safety and wellbeing. People told us they were confident to approach a member of staff or the registered manager if they were unhappy or had concerns about any aspect of their care. People were complimentary about individual staff that helped them with their personal care needs. One person said "I feel totally comfortable with the staff."

We observed people were supported safely by staff. People moved around the service independently or with support. People's liberty was not restricted and staff responded to people's verbal requests or gestures used to communicate their wishes.

##### Other evidence

Our inspection of September 2011 found some staff had not received formal training in safeguarding people from abuse. The provider wrote to us and told us all staff had received training in safeguarding people from abuse.

We visited the service on 10 September 2012 and found the service had policies and procedures in place for safeguarding vulnerable adults and whistle-blowing. Staff understood the policy for safeguarding and their responsibilities with regards to the safeguarding and the protection of vulnerable adults. Staff had good knowledge about types of abuse and the action to take in the event of any allegation or suspected abuse. Staff had received training in safeguarding of vulnerable adults as part of their induction training and mandatory training updates. The newest member of staff told us they received a staff handbook, which contained information about the key policies and

procedures and what staff should do in the event a concern was reported to them.

Staff said the service had a whistle-blowing policy in place and understood their responsibility to report concerns about poor or unsafe delivery of care. Staff were confident to report any concerns if witnessed that affected the health and safety of people using the service.

We looked at the staff training matrix and found that all staff completed the safeguarding of vulnerable adults training, as part of their induction training and was updated annually. Staff also received training dementia awareness, which increase their awareness and understanding when support people with dementia.

Staff had a good understanding of the Mental Capacity Act, deprivation of liberty safeguards and their role in its application. The Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so on a permanent or temporary basis. Staff were aware of the external agencies such as the local authority and advocacy services that could offer support and advice to people. Staff gave us examples of how they promoted and supported people to make decision. Staff said care plans included details of the agreed best interest decisions to support the person safely. We read a care plan for a person with a deprivation of liberty safeguard, which detailed the agreed support arrangements to ensure the care and support provided was appropriate.

There were policies and procedures in place to help manage risks and minimise the potential for harm or abuse. Risk assessments were in place to support the appropriate moving and handling of people. These included moving and handling and falls management amongst others.

### **Our judgement**

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## 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

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

We asked people using the service whether the staffing levels were sufficient for their needs to be met safely. People said they were satisfied with the number of staff on duty and felt staff responded to their needs promptly. One person said "I've always found there's enough staff on duty, day and night." Another person said "You don't even have to use the call bell, because there's always someone around to help."

Throughout our inspection visit we saw staff were available and responded quickly when the call bell was rung.

##### Other evidence

Our inspection of September 2011 found staffing levels were not sufficient to meet people's needs. The provider wrote to us and told us staffing levels at night was increased to ensure people's needs were met and they were protected from any potential risk or harm.

We visited the service on 10 September 2012 and spoke with staff about the staffing levels. Staff said since the last inspection the levels of staffing at night had increased to ensure people's needs were met safely. Staff were rotated to work on both floors to ensure they were familiar with the needs of people using the service. Staff were deployed and had specific areas of responsibility to deliver care and support to people using the service.

We looked at the staff rota and found it reflected the staff on duty. The service employs

care staff, house-keeping staff and kitchen staff. All staff had key roles and responsibilities for their position. There were enough qualified, skilled and experienced staff to meet people's needs. For example, staff trained to administer medication was on duty at all times to ensure people received their medication safely and on time. The registered manager told us staff annual leave and sickness was covered internally to maintain consistency for people using the service.

**Our judgement**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

We asked people using the service for their views about the quality of service and care they received. People told us they were happy with the care arrangements and said staff regularly asked them about any extra help that they may need. One person said "I've only been here a short while and I'm very happy with the service."

People told us they had the opportunity to comment about the service in the monthly residents' meeting and at the care review meetings. People said they recently completed a survey about the home. They were asked for their views about a range of aspects within the service such as the staff, meals and activities.

People were aware of how to raise concerns or make a complaint about the service. The complaints procedure was included in the service user guide and displayed at the service.

##### Other evidence

We looked at the records of four people using the service. We found care plans and risk assessments were updated and reviewed monthly or sooner if people's needs changed. Arrangements were in place to safely manage risk or deal with any foreseeable emergencies. Records showed health and social care professionals were involved in the reviewing and planning of people's care and support. Staff we spoke with said they were involved in the reviewing of people's needs.

There were regular residents meetings. We read the minutes of the last residents

meeting which took place on June 2012, which showed the topics discussed and actions agreed. The minutes showed people had the opportunity to make other comments or to raise issues.

The registered manager told us annual quality assurance surveys were sent out in August 2012 and they were collating the responses. The results would be analysed and shared with the people using the service. The registered manager was responsible for addressing any issues identified from the survey and improve the quality of service people received.

Staff told us they received regular support through staff meetings, annual appraisals and regularly supervision, where they discussed their work and any training needs. Staff told us they felt supported and were confident to approach the registered manager if they had any concerns. A training and development plan was in place and staff received the appropriate training and continuous professional development to look after the people using the service.

The service had quality assurance systems in place, which monitored the effectiveness of the service. Records showed regular audits were carried out on the maintenance of the premises and the equipment, care records, accident and incidents, health and safety areas and medication audits. There was an annual servicing and maintenance contract in place that ensured equipment and safety checks were carried out. Records showed fire drills and safety checks were carried out at regular intervals internally and by qualified professionals.

The provider carried out monthly quality assurance and monitoring assessments of the service. We read the audit for June 2012 and found checks were carried out on the premises, practices, observations, complaints and audits on care files and staff training. Any action points from the previous audit were checked for completion. The report concluded with summary of findings and identified actions for the registered manager address. The provider might find it useful to note that there were no audits carried out in the month of July 2012 and August 2012.

### **Our judgement**

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service people receive.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA