Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bhajan Kaur Rai Hall

Epinal Way Care Centre, Epinal Way,
Loughborough, LE11 3GD

Tel: 01509216616

Date of Inspection: 04 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Rushcliffe Care Limited
Registered Manager	Mrs. Karen Wragg
Overview of the service	Bhajan Kaur Rai Hall is a registered care service providing care for up to 33 people. It is situated in Loughborough and can be reached by private or public transport. There is a car park which visitors can use. The accommodation is over two floors and is accessible via the stairs or the lift. All the bedrooms have en-suite facilities and there are communal areas on each floor.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We also talked to the visiting Community Nurse.

What people told us and what we found

People using the service told us they were involved in decisions made about their care and support. People spoke highly of the quality of care and support they received. One person said: "You get what you pay for and that's why we are here. As you can see I'm very satisfied."

People had a range of assessments and care plans in place to inform staff about how to support people and meet their daily needs. People were supported to take their medicines. Arrangements were in place to ensure people's care and health needs were met safely and risks were managed.

People were supported by staff that underwent a robust recruitment process to ensure they were suitable and qualified to work with vulnerable people. People were comfortable with the staff that supported them. One person said: "Staff seem to be very nice here."

People were aware of how to make a complaint and provided with a copy of the complaint procedure. One person said: "I haven't got any complaints. I would complain if I had a problem."

Information about the people who used the service was kept in their individual care files and stored securely. Staff were aware of their responsibilities to maintain accurate records. Other records relating to the staff and the management of the service were accurate, kept secure and could be easily accessed when required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with people using the service and asked them about their involvement in decisions made about their care and support. People said before they received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us their choices were respected and regular spoke to staff about how they wanted their care and support to be provided. One person described what their typical day would be from the time they got up; how they spent the day, what they ate and drank to the time they retired to bed. They said: "I've always made my decisions and choices and nothing's changed since I've been here. I'm very satisfied." Another person who had not long moved to the service said: "So far it has been good for me. I've not needed any permission to go out with my family."

Throughout our inspection visit observed staff gained consent before they assisted people. Staff approached people in a respectful manner and addressed them by their preferred form of address. Staff responded to people's requests promptly and ensured people's dignity was maintained at all times.

The manager told us that one person did have a deprivation of liberty safeguard (DoLS) in place. Deprivation of liberty safeguards is part of The Mental Capacity Act 2005, which is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so on a temporary or permanent basis. The manager was aware of their responsibilities where people did not have the capacity to consent and would act in accordance with legal requirements. Staff had received training in mental capacity act and the deprivation of liberty. However, the provider might wish to note that when staff were asked about the number of people with a DoLS and how they should be supported, the responses were mixed. We shared our findings with the registered manager who assured us that they would ensure staff read the care plans and clearly understood how people should be supported. In addition, the registered manager gave us their commitment to liaise with the training department to ensure staff had an understanding of their responsibilities and the registered manager's responsibility with regards to the referral process and the involvement of other agencies.

We looked at the care records four people who we spoke with and observed. Where people were able to consent to their care, we found that the decisions made were recorded. For example, people's preferences, personal routines and requirements such as the daily newspaper were recorded and acted on. Records showed that staff respected people's wishes and decisions they had made. The care plans were signed by the individual and reviews showed that people were involved. For people who were supported by the funding authority, a copy of the assessment of needs and the support plan was also kept on file.

We spoke with the registered manager about people's last wishes, with regards to being resuscitated in an emergency. They explained that they would contact the General Practitioner when a person had made a decision who would act according to the legal requirements. Upon receipt of the relevant documentation the care plan would be updated. The provider may wish to note that we found a 'Do Not Attempt Resuscitation (DNAR) form in one person's file. This was put in place by the hospital when the person was admitted. The form was incomplete and indicated that neither the person nor their family were consulted. The registered manager assured us that in conjunction with the provider, they would review the current re-admission process to check the validity of the DNAR put in place whilst in hospital with the person and/or their family or representative.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People using the service told us they received their medicines at the times that they needed them and in a safe way. One person was aware of what the medicine was for and how often they were required to take them. They went on to explain that they saw the General Practitioner and the Community Nurse as and when required.

Staff involved in administering medicines received training before being given this responsibility. Staff training matrix and certificates viewed for those staff confirmed this. There were appropriate arrangements in place in relation to the obtaining, recording and handling of medicines. Medicines were kept safely in a locked room. At the time of our inspection we found there was suitable storage provided for controlled medicines and medicines that required secure storage in line with best practice. There was a secure medication fridge and staff kept a record of the daily fridge temperature. Only medicines that needed to be refrigerated were stored. Medicines that were in use were dated when opened.

Medicines were prescribed and given to people appropriately. We observed the staff member administering medication at lunch time. Each person had their medicines given to them individually and their medication records completed after the person had taken the medicine. The staff member was aware of what each medicine was for and understood how best to support people to take their medicines.

We checked the medicines and medication administration records (MAR) for three people and found medicines were prescribed and given to people appropriately. The MAR charts provided a record of the medication taken or not taken by the person using the service. Staff told us that a record was kept when a person refused to take their medicines before they contacted the General Practitioner. We also checked the controlled medicines against the records for two people and found those were accurate. Staff were confident to report any gaps or errors in administering or recording. This meant people were protected and could be confident that their medicines were safely administered by trained staff and procedures were in place for staff to follow.

There were clear protocols for staff to follow with regards to how medicines, which were prescribed 'as required' (PRN) should be handled and administered. Staff knew the people

who were prescribed PRN medicines and described the actions they would take. We saw the care records of one person, who had medication protocol tailored to manage their health need. The protocol was clear for staff to follow in order to meet the individual's health need. The visiting Community Nurse was complimentary about people's health and welfare, felt staff made appropriate referrals and sought advice in a timely manner.

Medicines were disposed of appropriately. Records were kept of any medicines that there were no longer required, which were returned to the pharmacist. Staff described the protocol in place for the safe disposal of medicines and records viewed confirmed staff acted accordingly.

As part of the overall quality assurance process the service had systems in place to monitor the management of medicines. At each handover meeting the senior staff from the two shifts checked and confirmed the controlled medicines were correct. Designated staff carried out weekly medicine audits and the latest audit viewed showed there were no errors or omissions. This meant all medicines were handled appropriately. The registered manager received medical alerts and updates from the provider, which ensured any changes in medicines were acted on quickly. The provider might wish to note that the service had not been inspected by the pharmacist that provides the prescription medicines. The manager assured us that they would contact the pharmacy and request an audit is carried out.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People using the service told us they were well cared for and supported by staff. They were confident that staff understood them and their needs. People were addressed by their preferred form of address and appeared comfortable in the presence of staff. One person said: "I have to say the staff are very good." Throughout our inspection visit we saw staff responded to people's needs and communicated well with them and other staff. Ambience within the service was calm and staff showed genuine care and interest in welfare of people using the service.

The provider had a staff recruitment policy and procedure in place. We spoke with two staff about the recruitment and training completed for their job role. The recruitment process consisted of an interview and pre-employment checks to assess their suitability and qualifications for the job role. Appropriate checks were undertaken before staff began work. These included a minimum of two references, confirmation of qualifications and a check with the disclosures and barring service (DBS). This is a check to assess the suitability of the applicant to work with vulnerable people in receipt of care and treatment. We reviewed the recruitment files for three staff and found all checks were in place before they started work. The registered manager assured us that the provider was developing a process to assess the suitability of staff following the initial check with the disclosures and barring service. The provider offered an apprenticeship scheme and applicant were also subjected to the same recruitment process and induction training. This meant people using the service could be confident that staff employed by the service underwent a robust recruitment procedure.

Staff told us they enjoyed their work and showed genuine care and interest in the people they looked after. The provider had a corporate induction programme, which all new staff were required to complete. The induction consisted of reading the provider's policies, procedures, read the care and support needs of people using the service and worked alongside an experienced member of staff. There was practical training provided for staff in fire safety, manual handling, health and safety, infection control, amongst others. The registered manager supported staff's learning style to make sure staff understood risks and how to support people safely. New staff were not trained in or responsible for administering medicines. All staff were required to undertake the relevant health and social care qualifications.

The induction training was reviewed by the provider in accordance with new publication and guidance. Staff training needs was monitored by the manager through regular competency assessment and supervision. The provider had a training department and a training programme in place which staff accessed to maintain their skills, knowledge and practice. This demonstrated that people were protected because the provider had taken steps to ensure staff were suitable, qualified and able to do their job.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People using the service told us they knew how to make a complaint and were aware of the complaints process. People told us they received a copy of the provider's complaint procedure when they moved to the service, which would be made available in a format that met their needs. A copy was also displayed near to the entrance to the service. The procedure clearly set out process and the contact details for the advocacy service, should they require support.

People were given support by the provider to make a comment or complaint where they needed assistance. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People were confident that their complaint would be fully investigated and resolved, where possible, to their satisfaction. One person told us they found the registered manager and staff were approachable and said: "I wouldn't hesitate to complain if I had anything to complain about." Other comments received included: "We're very happy here; no grumbles or complaint" and "I won't sit quietly if there was a problem, believe me."

During our inspection visit we saw people were confident to approach staff and ask for assistance. Staff were attentive, polite and responded to people's requests promptly. Staff were vigilant and showed compassion towards the people who used the service and their visitors. Staff were aware of the complaints procedure and were confident to deal with the issue and/or refer the complaint to the registered manager or the most senior person on duty.

We asked for and received a summary of complaints people had made and the provider's response. The service had received no complaints since the last inspection of the service. The Care Quality Commission had received no complaints or concerns about the service. The registered manager told us where different services were involved in delivering care or treatment they would take the appropriate action to co-ordinate a response to the person raising the complaint. The service had received cards and letters of thanks and compliments. Those were reviewed by the registered manager and were shared with staff through the daily handovers or the staff meetings. As part of the overall quality assurance, the provider took account of all compliments and complaints received about the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We spoke with people using the service and asked them for their views about recording keeping. They all said they had no concerns about record keeping. People using the service were aware of the range of information that was kept about them. One person said: "I don't think I need to know everything that they write about but I do know it's all kept safe."

We looked at the care records of four people using the service. We found people's personal records including medical records were signed, dated and accurate. Care plans and risk assessments were dated, so it was easy to see the most current record and provided guidance to staff as to how to care and support the individual. Care plans were personalised to reflect people's individual routines and preferences and were fit for purpose. Care plans and risk assessments were reviewed regularly. Records in relation to monitoring people's daily wellbeing with regards to eating, drinking and medication were accurate and up to date.

Records relating to people using the service were kept securely and could be located promptly when needed. Records which were completed and/or no longer required for frequent use were removed from the file. Those records were archived and could be easily accessed when required.

Staff were aware of their responsibility to maintain accurate records with regards to the people using the service. Staff said people's records were completed at regular intervals; stored securely and could be located promptly when needed. Staff understood confidentiality and described the actions they would take when other people, not related to the service, made enquiries about the people who used the service.

Staff records were accurate and fit for purpose. Information with regards to staff support, training and development were kept up to date and stored securely. The registered manager had secure authorisation to maintain electronic information in relation to staff training and management information. Arrangements were in place to archive records that were no longer used and could be easily located when required. The registered manager was aware that records should be kept for the appropriate period of time and then destroyed securely.

Records relating to the people using the service and those previously; staff and the management of the service were all retained for the appropriate period of time. The provider's policies and procedures including the statement of purpose and the complaint procedure were kept up to date. Records including audits and checks carried out on the care plans, equipment, premises, health and safety, medication amongst others were kept up to date. Records were auditable and showed remedial actions were taken in a timely manner. The provider has a robust electronic information system, which was secure and only accessible by authorised staff.

As part of the overall assurance system the registered manager submits monthly reports to the provider, which includes the management of records. The report for the month of June 2013 showed there were no issues with regards to the management of records. The registered manager confirmed that the provider had arrangements in place to archive personal confidential information relating to people using the service, staff and the management of the service and could destroy information securely.

We contacted the local authority that supports some people using the service and asked them for their views about the quality of service provided but they did not respond.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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