Cherre Residential Care Limited

Ayeesha-Raj Care Home

Inspection report

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Date of inspection visit: 17 June 2015
Date of publication: 28/08/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 17 June 2015. It was unannounced inspection. Our inspection was planned at short notice because of concerns we received about how a person using the service had been supported and how people's finances were managed.

Ayeesha Raj provides accommodation for up to 20 people. The home has two communal lounges, a dining room and bedrooms on two floors. Access to the upper floor is by stairs only. At the time of our inspection 14 people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe but they had not been protected from financial abuse. This had been identified by the provider's own monitoring of the

Summary of findings

service and people's finances had been restored. People were not always adequately protected from the other people's behaviour that was challenging. Actions were required to address deficiencies identified by a recent fire service inspection of the premises. Cleaning standards also required improvement. The provider had begun to address these issues at the time of the inspection.

Staff received appropriate and relevant training to support them in their roles, but not all care workers displayed communications skills to be able to effectively support people using the service. Not all staff had awareness of the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) despite some people being under a DoLS authorisation.

Staff were caring but some were more task orientated than they were understanding of people's needs. Not all people's rooms afforded privacy and dignity. One bedroom was unsuitable to accommodate a person without refurbishment and redesign to allow a person privacy and dignity. Information about independent advocacy services was not readily available to people.

People's care plans included adequate information about how they needed and wanted to be supported, but we observed that a person's care plan, especially with regard to how staff should communicate with them and offer choice, was not followed. We saw records of activities people had participated in. On the day of our inspection we saw people spending their time the way they wanted to.

The provider had adequate procedures for monitoring and assessing the quality of the service but procedures in relation to protecting people's finances were not followed. A notification to the Care Quality Commission about a serious injury a person suffered was made after a significant delay. The provider had arranged for additional support for the running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The provider had procedures for protecting people from harm but these had not always been followed with regards to protecting people from financial abuse.

People were not always protected from instances of challenging behaviour by other people using the service.

Standards of cleaning, premises maintenance, and aspects of fire safety all required attention. The provider had begun to address these.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had received appropriate and relevant training, but not all care workers displayed communications skills to be able to effectively support people using the service. Not all staff had awareness of the relevance of the Mental capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Requires improvement

The service was not consistently caring.

We saw examples of staff being kind and compassionate, but we also saw examples of staff not being attentive to people's needs.

One bedroom did not provide a person with a suitable place for privacy or a place where they could maintain their dignity. This was being addressed by the provider at the time of our inspection.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's care plans were not always followed by staff. We saw staff trying to persuade a person to do something rather than attempt to understand what the person wanted to do.

Is the service well-led?

Requires improvement

The service was not consistently well led.

People using the service and staff had opportunities to be involved in developing the service. People's feedback was sought through a survey in January 2015, but the survey was not in a format authorised by the provider.

The provider's procedures for monitoring the service had identified poor practice and additional management support for the service had to be arranged.

Ayeesha-Raj Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 June 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had expertise in caring for people living with a learning disability.

Before our inspection we looked at information we held about the service and information we received from the local authority that paid for the care of some of the people using the service. During the inspection we talked to seven people using the service and two relatives of two other people using the service. We spoke with a director of the service, the registered manager and three care staff. We also spoke with a health professional involved in the care of the person about whose care we had received information of concern.

We looked at four people's care plans, two staff files and records associated with the management and running of the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the service. A person told us, "I feel safe here. Nobody bothers me." Another person told us they felt safe because "nobody upsets me here." Another told us they liked living at the home because it felt safe. Relatives told us they felt their family members were safe at Ayeesha Raj. One commented, "[person using the service] will always be safe there."

We noted that people's comments about safety were in the context of how safe they felt in the company of other people using the service. There had been instances of people displaying behaviours that challenged others using the service. Staff were trained to support people effectively during those times. Staff understood about people's behaviours and recognised signs of mood change and risk of behaviour that challenged. Staff responded to people's behaviour without reliance on physical intervention or physical restraint. Those techniques de-escalated situations and kept people safe.

The service arranged residents meetings which included discussions about how to respect other people's diversity and treat them with respect. This was important because of the diversity of the people using the service. This contributed to people being safe at Ayeesha Raj.

People were supported to be safe when they were outside the home and in the community, for example when they visited a local activities centre or places further afield. People who were able to go out alone were advised how to keep safe when they did so. Other people were supported by staff when they went out because of their mobility needs.

Staff we spoke with knew how to recognise and respond to signs of abuse, for example unexplained bruising or inappropriate behaviour by staff or other people towards a person using the service. They told us how they reported concerns to the registered manager and they told us they were confident their concerns were taken seriously. They knew how they could report concerns directly to the local authority safeguarding team, the police or us.

Although people told us they felt safe we noted that people were at risk of accidents in one particular bathroom where floor tiles were loose and cracked. No action had been taken to make the floor safe by replacing the tiles which meant people using the service were not adequately protected from risk of falls and consequent injury in that bathroom.

This caused us to look at other bathrooms and toilets. We found that cleaning standards were poor. We saw black mould on pipes and stains on enamel in a bath tub. The underside of toilet seats were unclean and a bathroom curtain was dirty. Grouting in between tiles was also dirty. These observations reflected a lack of effective maintenance of the premises. The provider was in the process of recruiting a person to take responsibility for the maintenance and cleanliness of the premises. A refurbishment of vacant bedrooms had begun shortly before our inspection and this was planned to extend to other areas of the home.

The service had reported an incident in which one person using the service entered the bedroom of another in the evening and scared them. We noted that the service did not have a call alarm system which people could use from their rooms or communal areas or bathrooms if they needed assistance at a time staff were not in their immediate vicinity. This meant people had no means of summoning help in situations where they felt at risk.

The provider had a policy and procedure for supporting people with managing their finances and protecting them from financial abuse. These procedures included regular audits of people's finances by the provider's area manager. An audit carried out on 11 June 2015 revealed that seven people's monies were used to purchase items, for example furniture and fittings that should have been paid for by the provider. This was contrary to the provider's policy. All sums had been reimbursed to people using the service. However, the breach of policy meant that people had suffered financial abuse. Disciplinary action had been taken by the provider against the person responsible.

People's care plans included risk assessments of activities associated with their care and support. Assessments were made of how much people could do for themselves or the extent to which they required support from care staff. People were therefore supported to be as independent as they wanted to be. People's risk assessments included information for staff about how to support them. Care staff we spoke with told us they referred to people's care plans and risk assessments. They described how they supported people in line with the care plans and risk assessments.

Requires improvement

Is the service safe?

Risk assessments were reviewed monthly. However, those reviews lacked detail. We saw, for example, that the outcome of reviews was nearly always recorded as `no change' for as many as 20 consecutive months. It was unlikely that any person's circumstances remained unchanged for that long.

On 3 June 2015 the fire service carried out an inspection of the service. They made three recommendations to improve fire safety. At the time of our inspection the recommendations had not been implemented, but a plan of action was in the process of being developed. The recommendations related to `deficiencies' and whilst the recommendations remained outstanding people using the service were not as safe as they would otherwise be.

People using the service told us that they felt there were enough staff to keep them safe. Staffing levels were determined by the registered manager and area manager. Their decisions were based on people's individual needs. When people's needs increased, staffing levels were increased. We looked at rotas and a summary of training staff had received. This showed that staff on duty had the right mix of skills and competencies. Care workers we spoke with told us they felt enough staff were on duty. The provider's recruitment procedure ensured that all the required pre-employment checks were completed before a new person stared work at the service. The recruitment procedure ensured as far as practically possible that only people suited to work at the service were employed.

A person we spoke with told us they received their medicines at the right time. They understood what their medicines were for. Only staff who were trained to give people their medicines did so. We observed staff giving people their medicines. They did so in line with the provider's procedures for the safe management of medicines. The provider had effective arrangements for storage of people's medicines and disposal of medicines that were no longer required. Regular audits of medication were carried out to ensure the provider's medicines management procedures were followed safely and correctly.

Requires improvement

Is the service effective?

Our findings

People using the service told us they felt they were supported by staff who understood their needs. A person told us "Oh yes, they (staff) are very good." They added that they thought staff were well trained. A relative of another person using the service told us, "They (staff) always know what they are doing. Another relative told us, "They (staff) must be well trained because the know how to deal with [person using service] so well."

Staff we spoke with told us they felt well supported through training and supervision by seniors and the registered manager. They had regular meetings with the registered manager to discuss their performance and the needs of people using the service. They told us the meetings were helpful because they could discuss issues and raise concerns if they had any. They also told us that the training they had was helpful because it equipped them to understand the needs for people they supported. Staff received training about the medical conditions people using the service lived with as well as a range of subjects that were relevant to a social care setting. This was important as the14 people using the service at the time of our inspection had diverse needs.

Our observations of staff interactions with people were that some staff were more skilled than others at communicating with people they supported. Some staff engaged well with people and were able to support them to express themselves about what they wanted. Other staff told people what to do without establishing what a person preferred to do. For example, whilst some staff asked people whether they wanted a drink, one care worker kept trying to persuade a person to go to another room without explaining why. We raised this with a director who was visiting the service and they told us they would arrange additional training and support for staff about how to communicate more effectively with people using the service.

Staff we spoke with had very different levels of awareness of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack mental capacity to make decisions and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. One care worker we spoke with demonstrated a very good understanding of MCA and DoLS, but another showed very little understanding. This was a concern because there were people using the service who were either under a DoLS authorisation or an application for an authorisation had been made.

Staff told us they had received training about how to deal with situations where people displayed behaviour that challenged others. The training taught staff how to use distraction techniques. Staff knew they must not use any form of physical restraint. Staff knew how to recognise signs that a person may begin to display behaviour that challenged and they were prepared to respond appropriately.

People using the service were supported to have enough to eat and drink. People's dietary needs and preferences were detailed in their care plans and staff used that information to provide food that people enjoyed. People were regularly offered and provided with drinks of their choice. We saw from menu sheets that people had a choice of a variety of meals using fresh and healthy ingredients. They also had choices of snacks throughout the day.

We saw from people's care records that staff supported them to access health services when they needed to. Staff also arranged for health and social care professionals to visit the service, for example to attend to or reassess people's health needs. Staff were attentive to changes in people's health and reported these to the registered manager or a senior care worker who contacted the appropriate health professional. A relative told us, "The manager is really on the ball" in supporting people to access health services.

Requires improvement

Is the service caring?

Our findings

People using the staff spoke to us in complimentary terms about the staff. A person told us, "I love it here. I really do" before explaining "You can have a laugh and a joke with the staff and they aren't funny with you." Another person told us, "The staff are very good." A third person reacted enthusiastically when we asked them about the staff and indicated they thought highly of the staff. A relative of another person using the service told us, "The staff are absolutely wonderful. They take great care of [person using the service], but they don't do this only for him, they do this for everybody." They added, "I couldn't have wished for a better place." Another relative described staff as being "wonderful" and "very patient".

Staff we spoke with demonstrated that they understood people's needs and preferences. They told us this helped them to develop a caring relationship with people. When we saw how staff inter-acted with people they demonstrated a caring approach which reflected what people told us about staff. Some staff were less skilled than others in making themselves understood or recognising people's preferences. For example, we saw that a person was brought a meal which they declined. Staff took the meal away saying the person could eat it later instead of trying to establish why the person didn't want it or offering an alternative meal. This was another example of poor communication to in addition to one we had seen earlier. However, most staff showed kindness towards people and tried to ensure people were comfortable and provided with what they wanted.

People were able to be involved in reviews of their care plans and they participated in reassessments of their needs. A care worker we spoke with told us, "When I review a care plan with a person I always consider how a person can be best supported and they and I talk about what outcomes they want and whether they want anything to change." Care plans were regularly reviewed.

People's views about more general aspects of their care and support were sought at regular residents meetings. People were also provided with information about the service at those meeting, for example plans to refurbish the premises. People's ideas and suggestions about décor and furnishings were sought and included in the refurbishment plans.

Information about independent advocacy services was not evident. This mattered because one person told us that on occasion they felt that staff did not listen to them and the person sometimes wanted someone, an advocate, to speak up for them. We raised this with the provider who told us that information about independent advocacy services would be made easily available to people. The person we spoke with had a review of their care plan with the involvement of an independent social care professional a few days after our inspection.

People using the service told us that staff treated them with dignity and respect. Staff respected people's choices about how people spent their time. They did not intrude on time people wanted to spend alone or with other people using the service. People were able to enjoy the privacy of their rooms which were personalised to their taste. However, one room used as a bedroom was unsuitable for that purpose. The room had no window. The only natural light was from a reinforced glass fire escape door. The design and layout of the room did not provide comfort or privacy experienced by other people in their rooms. Concerns about this room had been raised by the local authority shortly before our inspection. The provider had begun to consider a range of options to provide more suitable accommodation for the person.

Requires improvement

Is the service responsive?

Our findings

People did not speak to us in any detail about how they contributed to decisions about their care and support. However, we learnt from people's care plans and what staff told us that people who were able to give their views about how they wanted to be supported. At least two people were involved in comprehensive assessments of their needs in the days immediately before and after our inspection visit. They did this at reviews of their care plans. People gave views about more general aspects of their care, for example about activities, refurbishment of the service and food at residents meetings.

A person using the service told us about how they had been supported to improve their health and well-being. They referred to being helped to overcome health issues and told us they felt much better as a result of the support they had received. A relative of another person using the service described how the service supported a person they had previously cared for and commented how well cared for that person was.

People's care plans included information about their lives, interests and preferences and how they wanted to be supported. People were supported to follow their interests and hobbies. People spent time where and as they chose and they did things that were of interest to them. People were able to follow hobbies and interests in their own rooms if they wanted and staff helped people personalise their rooms to reflect their interests. A person who enjoyed listening to radio programmes was provided with a radio in their room. All bedrooms had a television as did communal lounges.

People were supported to visit local places that were of interest to them. Most people attended a local activities centre most days of the week. On the day of our inspection several people were out in the local community.

People's care plans included information about how staff should communicate with them so that they could understand what they were being offered and exercise a choice. Most interactions we saw between staff and people using the service were positive. For example, we heard staff talking with people about things that were clearly of interest to them and they evidently enjoyed the conversation. However, one person was not supported in line with their care plan which stated that the person should be asked questions slowly and given time to respond. Instead, staff made the same request of a person several times in a short space of time. We had to intervene and suggest that the person be allowed more time to decide what they wanted to do. On that occasion, staff were not sensitive to a person's individual preferences. On another occasion the same person's requests for a cup of tea whilst they were in the lounge were not acted upon. Staff instead kept asking the person to walk the dining room for a drink. Staff were following another part of the person's care plan which required staff to encourage the person to walk as much as possible, but in doing so they did not take proper regard of the whole care plan.

People were supported to maintain friendships they had developed with other people. We saw people enjoying each other's company. People were supported to attend faith services.

Staff were aware of people's interests and hobbies and supported people to enjoy those. Staff arranged social activities in the home such as karaoke, birthday parties and other celebrations. We saw board games around the home that people played. However, on the day of the inspection we saw very little by way of meaningful or stimulating interactions between staff and people using the service. Most interactions we saw were task orientated, for example proving people with drinks, medication and food.

The service had a complaints procedure. This was available in the form of a typed procedure which was not in a format that was easily accessible to people. This was confirmed by some responses to a question about the complaints procedure in a recent satisfaction survey. We raised this with the provider who told us that other more user friendly formats of the complaints procedure that were used in another location run by the provider would be made available. Only one complaint had been registered since our last inspection which showed that at least one person knew how to make a complaint. The compliant had been investigated and resolved through changes to a person's care plan. However, the written response was difficult to understand because it was poorly drafted. We showed it to the director who also had difficulty understanding it. This was another example of poor communications at the service.

Requires improvement

Is the service well-led?

Our findings

People using the service who were able to be contribute ideas and suggestions about how the service was run had opportunities to do so at regular resident's meetings. People had contributed ideas about activities and food at those meetings and, more recently, their views were sought about the refurbishment of the premises. Staff had similar opportunities at staff meetings and regular meetings with the registered manager. At the time of our inspection the provider was considering introducing a staff survey as a means of involving staff in the development of the service.

People told us that the registered manager was approachable and that they knew they could raise any concerns with them. Records of residents meetings showed that the meetings had been attended by most people using the service and that some had made suggestions that had been acted upon. At those meetings the registered manager had reminded people that they could raise any concerns they had because their feedback was an important means of improving the service. The registered manager promoted a culture that was open and encouraged staff to raise concerns about the service. Staff told us they were confident that any concerns they raised would be taken seriously.

People's feedback about the service had been sought by means of a satisfaction survey in January 2015. All people using the service at the time had participated in the survey. The majority of responses were positive but some responses pointed to scope for improvement. For example, a person had responded that they did not like the food that was provided; another was not happy with the quality of care they experienced and another person felt they had no say in improvements to the service. The findings of the survey had not been analysed and no action had been taken to address the less favourable responses. When we discussed the survey with the provider we learnt that the format used for the survey was not the provider's authorised version and they had no knowledge of it. The survey had been of little value in terms of using people's feedback to evaluate the service and identify areas requiring improvement.

The registered manager understood their legal responsibilities and obligations under the Care Quality Commission's registration requirements. These included reporting events at the service. However, we found that an accident that occurred on 7 April 2015 which had resulted in a person suffering a serious injury had not through oversight been reported to us until 25 June 2015 and only after we had brought this to the attention of the director.

Procedures for assessing and monitoring of the service operated at two levels. At one level, the registered manager carried out scheduled checks of aspects of the service and reported findings to an area manager. The area manager carried out regular inspections of the service to verify the registered manager's reports of their checks. In addition, the area manager carried out focused inspections or delegated that task to a manager from another service. Shortly before our inspection an audit of people's finances revealed that the provider's policy for protecting and safeguarding people's finances had not been adhered to during the first four months of 2015.

As a result of findings from the provider's higher level monitoring of the service steps were taken by the provider to support the registered manager in the running of the service.