

## Sunrise Rehabilitation Centre and Trading Associates Ltd

# Aahana House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Aahana House provides support with personal care and mental health needs for up to 13 adults in one adapted building. At the time of our visit there were nine people using the service.

People's experience of using this service:

The provider took steps to help people feel safe and there were systems to protect people from abuse. There were risk management plans to keep people safe from avoidable harm and the provider checked the premises were safe, clean and suitably adapted to meet people's needs. Staff had opportunities to learn when things went wrong and the provider took action to prevent incidents from happening again.

There were enough staff to support people safely and the provider carried out checks to make sure staff they recruited were suitable.

People received their medicines as prescribed. There were systems to ensure medicines were stored and administered safely.

People's care was based on evidence based guidance and assessments of their needs carried out in consultation with other providers who were involved with people's care. People had access to healthcare services as needed. People were provided with enough to eat and drink.

Staff had the support they needed to provide care effectively, but did not have training in supporting people with specific mental health conditions. The registered manager said they would look into this.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing care to them.

People told us they got on well with staff. Staff knew people well and treated them with respect. Each person had a key member of staff assigned to them who supported them to express their views about how they wanted their care delivered. People were able to make choices about their daily routines.

Staff respected people's privacy, dignity and independence. The service worked to support people in developing or regaining independent living skills.

People had personalised care plans that took into account their needs, wishes and preferences about how they wanted their care delivered. The service supported people to work towards their recovery and rehabilitation goals. People's religious and cultural needs were met. People felt there was not enough to do and a good variety of structured activities was not always available. One person was unable to leave the home because the service could not currently meet their mobility support needs. However, the provider had plans to improve the provision of activities and we will check this at our next inspection.

People and staff had opportunities to discuss their care and feed back their views to management. This included daily conversations, questionnaires and regular meetings between people and staff. The provider used checks and audits to monitor the quality of the service and identify any improvements that might be needed. Although people were aware of the complaints procedure, they did not always feel the provider responded to their complaints. Records showed the provider followed their procedure but sometimes people needed to be reminded of what action they had taken.

Rating at last inspection: This was the first inspection at this service since its registration in February 2018.

Why we inspected: This was a planned inspection based on the date of registration.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection schedule or sooner if required.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Aahana House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type:

Aahana House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we reviewed information we held about the service. This included notifications about incidents the service is required to inform us about. We spoke with professionals who work with the service and we reviewed feedback we received from people using the service, their relatives and stakeholders.

During the inspection we spoke with five people who used the service, two members of staff, the registered manager and a representative of the provider organisation. We looked at four people's care records, three staff files and other records relevant to the management of the service, such as safety checks, medicines records and incident records.

After the inspection we spoke with another person who used the service and four relatives, friends or

advocates of people using the service.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Some people told us they did not feel safe. However, when we discussed this with the registered manager they were aware of people's views. They had a good understanding of people's concerns and told us about action they took to support people to feel safe. This included assigning extra staff to support one person who had previously been a victim of abuse, to help them feel safe.
- There were systems to safeguard people from abuse and staff were aware of their roles in safeguarding. One person made an allegation of abuse to us, which we reported to the registered manager and they took appropriate action to record and report the allegation. The person in question was found not to have been at significant risk of abuse.

Assessing risk, safety monitoring and management

- People had individual risk assessments and risk management plans. They included signs of relapse so staff could identify when risks to people might be increasing. The risk management plans took into account what people could safely do for themselves and what they could do to reduce risks, for example telling staff when they needed help. Some people had signed agreements taking responsibility for managing some risks themselves.
- One person had a recent history of behaviour that could harm others. Their risk assessment did not have information about this, which meant there was a potential risk that staff would not know how to keep people safe if such a situation arose. However, information about the person's behaviour was in their care plan so staff who were not familiar with the person would be aware that there was a risk. The registered manager agreed to update the person's risk management plans so the action staff should take in response to the behaviour would be clearer.
- Staff discussed safety and risk at daily handover meetings so all were aware of any changes to risk management plans.
- The provider carried out suitable checks to ensure the premises were safe. This included fire, water and gas safety checks.

Staffing and recruitment

- There were enough staff to care for people safely.
- The provider carried out checks to help ensure staff they recruited were suitable. This included checking references, proof of identity and right to work in the UK, criminal record checks and employment history.

Using medicines safely

- People told us they received their medicines when they needed them.
- The service had appropriate procedures to ensure medicines were stored and administered safely. Staff

were aware of these and demonstrated a good knowledge. They had regular checks of their competency to administer medicines.

#### Preventing and controlling infection

- One person told us, "They keep the place clean." Staff were aware of their responsibilities in relation to infection control. They supported people to keep their home environment in a clean and hygienic condition.
- There were bins outside the premises overflowing with rubbish, which may have presented an infection risk as they could attract vermin and dangerous bacteria. The registered manager explained that this was due to an issue they had been working to resolve with the local council. After the inspection, the registered manager sent us evidence that they had installed a bin shed to contain the rubbish and reduce the risks.
- Some communal bathrooms did not contain toilet paper or soap and hand towels to promote good hygiene practices. However, people told us they had their own supplies and the items were available in other bathrooms. Staff explained that sometimes people removed these items from the bathrooms so were encouraged to keep them in their rooms.
- Staff followed good food hygiene practices.

#### Learning lessons when things go wrong

- Records showed the provider responded appropriately to incidents.
- We discussed a recent incident at the service where a person was admitted to hospital. Staff told us they had learned from the incident and were able to describe the steps they would take in an emergency situation to keep people safe.
- Two relatives expressed concerns about staff knowledge of first aid and how to respond to incidents. However, we found the provider had taken action to address this. One relative told us they had seen the registered manager testing staff on their knowledge of first aid as a response to the above incident. Staff had received training on basic life support within the last year.
- Staff received training in responding to aggressive behaviour. They had opportunities to discuss and learn from any incidents involving behaviour that challenged the service.



# Is the service effective?

## Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had an assessment, which included information the service sought from other providers who worked with people and knew them well. There was information about people's diagnoses and current best practice guidance about support and treatment they needed.
- The registered manager told us about national guidance they used to make sure the care they provided was in line with best practice.

Staff support: induction, training, skills and experience

- Staff had access to a range of training to ensure they were equipped with the skills and knowledge they needed to do their jobs effectively. This included training in safeguarding people from abuse, food hygiene and infection control. Where people had a significant physical health condition such as diabetes, staff received training about that condition to help them provide appropriate care to people. However, staff did not receive formal training in supporting people with mental health needs or about the specific mental health conditions people using this service were diagnosed with, although they were provided with reading materials and care plans were based on recommendations from mental health professionals. We discussed this with the registered manager who told us they would look into getting appropriate training booked. We will check this at our next inspection.
- Staff received annual appraisals and regular one-to-one supervision to support them in their roles.
- Staff received a comprehensive induction to familiarise them with their roles at the beginning of their employment. This included the Care Certificate, a national qualification designed to give social care staff a basic foundation of the knowledge they need to provide good care to people.

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

- Most people told us they liked the food provided at the service, although one person said there were not always enough healthy options and fresh food. Staff said the planned menu was flexible and there were always choices available.
- Staff supported people to weigh themselves regularly to ensure they were eating enough to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence that the provider used advice and guidance from healthcare providers and other agencies to plan people's care. The guidance was included in care plans to help staff support people as recommended by healthcare professionals.
- We saw several examples showing staff knew when people needed to be referred to specialist services and made sure people accessed the services.

- Correspondence from healthcare providers showed the service followed their recommendations to support people to achieve their desired outcomes.
- The provider had regular meetings with commissioners to review people's placements and ensure their progress stayed on track with agreed outcomes.

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

- The home had communal areas, en-suite facilities and a large garden with a covered smoking area. People told us the design of the premises met their needs.
- One person with reduced mobility was provided with a ground-floor bedroom and was able to access the kitchen, garden and other communal areas independently because the home was sufficiently adapted to allow this.

#### Supporting people to live healthier lives, access healthcare services and support

- One person's relative felt the service could improve the support people received to access healthcare services. However, the evidence we reviewed indicated that people did access services.
- Records showed people received support to attend appointments for day-to-day healthcare needs such as dental check-ups and also more specialised support such as physiotherapy.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person was undergoing assessments as to whether they were being deprived of their liberty. We will check this again at our next inspection. We checked whether the service was working within the principles of the MCA.

- People signed agreements and care plans to show they consented to their care being delivered as planned. These stated that people had the right to change their minds if they wanted to.
- Staff understood that people who had capacity had the right to make decisions about their care even if they might be considered unwise. For example, one person sometimes chose to sleep outside in the garden after staff advised them not to, but because they had capacity staff did not prevent them from doing so and had a risk management plan for the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Two people said they did not always feel listened to. However, despite this, our general findings were that people were treated with respect and we saw evidence that people's views were recorded and acted on. Another person told us, "It's a nice house" and said they got on well with staff.
- The registered manager had done some work with staff around cultural differences and different communication styles. This was to help ensure people felt staff were speaking to them respectfully.
- People received care and support from a small team of staff, which meant staff were able to get to know people well.
- People were assigned keyworkers, which meant a specific member of staff was responsible for ensuring that person's care needs were met. This also helped promote positive caring relationships between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express choices about their daily routines and staff recorded them in care plans. Care plans instructed staff to respect people's choices about when to get up and go to bed.
- People had regular meetings with their keyworkers in which they were encouraged to express their views and make decisions about their care. This enabled people to talk about reasons why they did not want their care delivered in certain ways, how they felt about their progress and what they wanted to change about their care and support. Staff acknowledged people's views even if they did not agree, to help people feel valued and respected.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of confidentiality and told us they would never discuss a person's care in front of anyone who did not need to know.
- People were able to have private space in their rooms. People told us staff did not enter their rooms without their permission.
- Care plans included information about what people were able to do independently. This helped staff support people in ways that did not lead to them losing their existing skills.
- Staff recorded conversations with people in which they planned together the support people needed to work towards independence in specific areas.
- Throughout our inspection we observed people going about their daily routines independently and calling on staff only when they needed help. Staff provided support when needed but allowed people to do most things for themselves.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although some people were able to go out independently or with staff, one person was not able to access the local community due to mobility support needs the service was unable to meet at the time of our inspection. People told us they did not always have much to do while at home. One person said, "There is nothing to do, only watching TV." Another person said, "I am bored here. I'd like more to do." Records showed people occasionally took part in group activities such as board games or individual activities such as crocheting, but people told us and records confirmed that there was not a wide variety of things to do. The registered manager told us they were planning to engage the services of an activities coordinator to improve this and there were also plans to create an activity space with a pool table and other equipment. We will check the provider's progress with these plans at our next inspection.

- We did see people were able to take part in activities that helped them improve their daily living skills, such as cooking and gardening.

- We received mixed feedback about whether staff were able to provide care that met people's needs. One person told us, "Staff have no knowledge of my [specific needs]" and said this lack of information sometimes had adverse effects on them and other people using the service. However, other people felt staff were able to meet their needs. We discussed with the registered manager whether the service was able to fully meet the needs of one person who felt the home was not able to provide the care they needed. However, at the time of the inspection the provider was working with other agencies to find a more suitable placement for the person. We have been in contact with the registered manager to discuss this since our inspection and they explained how they were working with other agencies to facilitate this.

- People's care plans were reviewed regularly and people's views were recorded about any changes they wanted to the way their care was delivered. This helped ensure staff had up to date information about people's care needs and preferences.

- Care plans considered people's preferences and views as well as the support people needed to maintain relationships with family and loved ones. Staff recorded information in people's care plans about their goals and aspirations. Staff helped people work towards achieving goals that were meaningful to them.

- People's religious and spiritual needs were met. They received support to attend religious services and practice their faith.

Improving care quality in response to complaints or concerns

- We received mixed feedback about this. Two people felt the registered manager did not respond adequately if they complained or raised concerns. One said, "[The registered manager] is not good if I have a problem, because she doesn't do anything." A third person told us about an experience that had upset them and the way staff had responded to their concerns to ensure it did not happen again, but also told us they had not received an adequate response to another concern they raised. Although records showed the provider did follow their complaints procedure correctly, the action they took in response to complaints was

not always clear to people. The registered manager told us they did follow up complaints with people, but would in future take further action to ensure people understood what was happening and retained the information.

- People were aware of the service's complaints policy and procedure, including what they should be able to expect if they did complain. One person said, "The policy says if you make a complaint you won't be treated any differently."

#### End of life care and support

- We did not look at end of life care in detail as the service did not admit people who required this type of care and was set up to provide rehabilitation rather than long term care. The registered manager told us if a person using the service became very unwell and needed end of life care they would assess the person's needs and seek advice from relevant sources. After the inspection the registered manager told us they were seeking guidance from a local hospice to ensure they would know when to seek support.

# Is the service well-led?

## Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; continuous learning and improving care

- Staff told us they met with people almost daily to discuss their care and any changes people wished to make to their care plans. We observed people approaching staff to discuss the support they received.
- Staff had regular opportunities to discuss any issues at work and they were able to use these discussions as a proactive learning opportunity to prevent problems before they arose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear vision and clear values, which were about supporting people to move towards rehabilitation and independent living.
- The provider used audits to check the quality of their care. This included engaging the services of a pharmacist to carry out an audit of medicines. The latest audit the week before our inspection showed the pharmacist had no concerns about medicines management.
- Other checks and audits included a weekly check of the premises including safety checks; a 'Respecting and Involving Service Users' audit and observations of care provision that the registered manager carried out daily.

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

- Although some people we spoke with felt the manager did not engage well with them, we did not find evidence to support this. One person said, "All she does is sit in her office and boss us about." Another person told us, "They speak to us as if we're children." However, we observed one of these people approaching the manager during the inspection and both parties engaged in open, frank conversation. Staff and the registered manager spoke to people appropriately and respectfully during the interactions we observed.
- Staff told us the registered manager was supportive, respectful and open, and that they were able to raise concerns.
- People had regular opportunities to feed back about their care. This included regular one-to-one meetings with staff and residents' group meetings. We saw some questionnaires the provider had asked people to complete in the months leading up to the inspection. Their responses to questions about the quality of the service were all positive, although we noted there were only two completed questionnaires so this may not reflect the views of everyone using the service.

#### Working in partnership with others

- The service had links with other agencies around the local community. This included engaging volunteers to support people to improve literacy and numeracy skills.
- The registered manager told us they had opportunities to discuss referrals with the local clinical commissioning groups (CCGs) who funded people's care and this helped them work well together to support people moving between services.