

Rushcliffe Care Limited

# Bhajan Kaur Rai Hall

## Inspection report

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## 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** 

# Summary of findings

## Overall summary

We inspected the service on 27 and 29 January 2016. The inspection was unannounced.

At our last inspection carried out on 27 August 2014 the provider was not meeting the requirements of the law in relation to the care and welfare of people who use services and staffing. Following that inspection the provider sent us an action plan to tell us about the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that whilst some improvements had been made, some issues of concern remained.

Bhajan Kaur Rai Hall provides accommodation for up to 20 older people. There were 20 people using the service on the day of our inspection including people living with dementia.

The person managing the service was an acting manager. They were in the process of applying to be the 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 and associated Regulations about how the service is run.

Some of the people using the service and their relatives felt there were not enough members of staff to support them properly. We observed occasions when people were required to wait to have their needs met as there were not always staff available to support them.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of this policy and how to report and escalate concerns if required. The provider followed safe recruitment practices.

People could not be fully assured that they would receive their medicines as prescribed by their doctor. Clear guidance about how staff should administer 'as required' medicines and creams was not available to staff.

We saw that staff received appropriate training to enable them to meet the requirements of their role and they felt supported by the acting manager.

Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

The service catered for individual dietary needs and staff were aware of how to provide these. People told us that they enjoyed the food provided. We saw that when people required support to eat their meals this was not always provided in a dignified manner and one person was required to wait for over an hour in the dining room before they were assisted with their meal.

The provider could not be sure that staff had given people the correct amount of fluids they needed to keep them well because recommended fluid intake was not clear and the total amount people drank was not tallied.

Where people lacked capacity to make decisions, records did not show that decisions had been made for them in their best interest or in consultation with others.

Consideration had been given to the responsibility of the service to meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff treated people with kindness and respect but there were times when staff were rushed and task orientated. People told us that they felt listened to and their opinions sought.

People were not always supported to follow their interests and limited activity or stimulation was provided.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure people's needs were met. People had been referred for specialist input and advice received had been followed. Staff were made aware of people's changing needs so that they were able to meet them.

People who used the service felt they could talk to the acting manager and had faith that they would address any issues if required. Relatives found the staff and the acting manager to be approachable.

Feedback from residents or relatives was not consistently asked for.

Staff were clear of the service's vision and values. Systems were in place to monitor the quality of the service being provided but these were not always effective. The acting manager understood their role in reporting events to outside agencies.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe

There were not always enough staff to meet all people's needs. Staff understood their responsibility to report safeguarding concerns.

People could not be fully assured that they would receive all their medicines as prescribed by their doctor.

**Requires Improvement** ●

### Is the service effective?

The service was not effective

Staff received appropriate training to enable them to meet the requirements of their role. The service catered for individual dietary needs. People told us that they enjoyed the food provided but where people required support to eat their meals this was not always provided promptly. Where people lacked capacity to make decisions the provider could not show that decisions had been made for them in their best interest.

**Requires Improvement** ●

### Is the service caring?

The service was not caring

Staff treated people with kindness and respect but there were times when staff were rushed and task orientated. People told us that they felt listened to and their opinions sought

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive

People were not always supported to follow their interests and not enough activity or stimulation was provided. People's needs had been assessed and care plans had been put in place for staff to follow. People felt able to raise concerns and were confident that they would be addressed.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led

**Requires Improvement** ●

Staff were clear of the provider's vision and values. Systems were in place to monitor the quality of the service being provided but these were not always effective. Feedback from residents or relatives was not consistently asked for. The acting manager understood their role in reporting events to outside agencies.

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# Bhajan Kaur Rai Hall

## 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 29 January 2016 and was unannounced.

The inspection team consisted of three inspectors. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information within the PIR along with information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 20 people using the service. We were able to speak with three people living at Bhajan Kaur Rai Hall, seven relatives, five members of the staff team, the acting manager and a senior manager.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the management team completed.

## Is the service safe?

### Our findings

At our last inspection we found that there were not enough staff to keep people safe. The provider told us that they would address this. We checked to see if improvements had been made.

At this inspection some people told us "No, there's not enough staff. We have to wait for support sometimes. It is not adequately staffed." Another person said "It is most upsetting when you want to go the toilet and there's no one to take you." Some relatives told us that they did not feel that there were enough staff to meet people's needs. One told us, "There doesn't seem to be enough staff on." Another relative however told us that staffing levels seemed to have got better more recently.

Staff members also told us that they didn't think there were enough staff to meet people's needs. One staff member said, "I don't think there has been enough staff, it has been really hard. If there is no one in the office we need extra staff." During our observations we found that there were times when there were not enough staff to meet people's needs. One person who required support to eat their lunchtime meal was not offered support for over an hour. We also saw that staff were required to stop supporting another person using a hoist because one of the staff members were required to attend to another person.

We did find that staffing levels had increased since our last inspection. The acting manager told us that people's needs were being reassessed to see that correct staffing levels were in place. The acting manager also told us that they had made changes to meal times and medication rounds in order to maximise the number of staff available at busy times.

People told us that they felt safe at Bhajan Kaur Rai Hall. One person told us, "I feel very safe here, I have no concerns." Another person said, "I do feel safe with staff." Relatives confirmed that they felt that people were safe. One relative said, "I feel [person's name] is safe."

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of this policy and how to report and escalate concerns if required. They demonstrated that they understood what constituted abuse and told us that they felt able to report concerns. One said, "Abuse can be neglect, physical and verbal. I would report it straight away." The acting manager was aware of their duty to report and respond to safeguarding situations. We saw reports to show that incidents had been reported to the relevant outside agencies.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for three staff members. We found that all the required pre-employment checks had been carried out before they commenced work.

People could not be fully assured that they would receive their medicines as prescribed by their doctor. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed. We saw that there was an occasion when the MAR chart had been signed but the medicine remained in the cabinet. This meant that the person had not received their medicine as prescribed. After the inspection the acting manager informed us that they had investigated the error. Records provided showed that the acting manager had taken the appropriate action as a result of the investigation.

Medicine profiles were in place for some people but not all. Medicine profiles inform staff of how each

person liked to receive their medicine and aid consistency in administration. The acting manager assured us that they would develop these to assist good practice. We saw that protocols were not in place for people who received medicines 'as required'. This meant that staff could not be clear of the circumstances under which they should give these medicines and how often they should be given. We found that some 'as required' medicines were being routinely given which meant that people were not receiving their medicines as intended by their doctor. After the inspection the acting manager informed us that they had contacted people's doctors who had reviewed the 'as required' medicines. The acting manager also informed us that 'as required' protocols were being written and implemented for staff to follow.

We saw that people did not always receive the creams that they required to help them maintain healthy skin. MAR charts did not reflect the creams that were to be used as written in people's care plans. We saw that there were times when creams had not been signed for on the MAR charts. This meant that people who were at risk of developing pressures sores were not adequately protected. Medicines were all stored securely. We saw that audits of medicine storage and administrations were taken weekly.

We looked at three people's care plans and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. We saw that risks had been reassessed and actions had been taken to reduce further risks in response to an incident or where a pattern had been identified.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. On the first day of our inspection we noted that the front door was not secured which meant that anyone was able to access the home. On our second day of inspection we saw that work was being carried out to improve the security of the door.



## Is the service effective?

### Our findings

The provider employed a training and development manager who was able to tell us about the training that staff received when they started their employment at the service. This training was to ensure that they had the necessary skills to meet people's needs. The staff training records showed that staff received the relevant training to enable them to carry out their roles and responsibilities. One staff member told us, "We had plenty of training last year and will be starting again this year. I'm currently doing a dementia course." We saw the service's training plan and courses had been booked to ensure all staff received refreshers in essential skills. The training and development manager told us "We want [staff] as qualified as possible and as comfortable as possible with what they are doing." The provider intended to introduce annual competency booklets for staff to fill in so that they could be assured that the staff had the relevant knowledge.

Staff told us that they felt supported. One staff member said, "The manager supports us, gives us training and provides staff meetings where we can discuss things." We saw that staff had received supervisions over the past 12 months, but not as many as the provider's policy stated they should receive. The policy also stated that staff should be observed in aspects of their role so that the acting manager could be sure that they were competent. We were unable to see any records to show that staff had been formally observed. Supervision records showed that staff had been given the opportunity to review their training needs. They had been given information about events that had happened and their understanding of their responsibility regarding safeguarding people was checked.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements under DoLS and had submitted the correct applications.

We found that staff had received training with regard to the Mental Capacity Act and had an understanding of what the requirements were. We looked to see that decisions about people's daily lives had been completed in line with the Mental Capacity Act. We found that they had not. Assessments had not always been carried out to assess a person's capacity to make certain decisions. Following our inspection the acting manager informed us that assessments of five people's capacity to make daily decisions had been made with more assessments booked.

People told us that they were supported to maintain a balanced diet and that they enjoyed their meals. One person said, "I'm satisfied with the food. Like everything else some are good, some are bad, but I'm quite happy. I get a choice of two meals. Meal times are nice and friendly." Another person said, "Food is excellent." One relative told us, "I feel [person's name] is eating a lot better than she was at home. She seems to enjoy it."

We saw that the cook had access to information about people's dietary needs. They were knowledgeable about the requirements for people who required soft or pureed food and for people who had food allergies. There was a four week menu in place which provided a variety of foods and choices.

We saw that when people required support to eat their meals this was not always provided in a timely manner and one person was required to wait for over an hour in the dining room before they were assisted with their meal. We saw that some people ate very little and were not offered encouragement or alternatives by staff.

We saw that people had been referred to outside professionals for advice on how to meet their nutrition and hydration needs. We saw that food and fluid charts were in place for those who were at risk of dehydration or malnutrition. These had been completed but recommended fluid intake was not clear and the total amount people drank was not tallied. This meant staff could not be sure that they had given the person the correct amount of fluids they needed to keep them well.

We saw that people had regular appointments with a variety of health professionals. One relative told us, "A GP visits every week but they will also call the doctor in if needs be." Another relative said, "[person's name] has a lot of chest infections – they get in touch with the GP" When we asked them if they were contacted in a timely manner a visiting health professional told us, "[Staff] tend to ring and ask me to pop in outside of planned visits." They also told us that the advice they gave was followed by staff. We saw in people's care plans that signs and symptoms specific to them may indicate that they were unwell. For example in one care plan we saw that if the person started to talk in a language other than the one they usually used this may indicate that they had a water infection. We also saw from records that emergency care had been obtained in a timely manner when a person had received an injury.

## Is the service caring?

### Our findings

When we asked people if they were treated with dignity and respect one person told us, "Yes, but it clashes. Some staff are better than others. They could spend more time with us." Another person told us, "Carers are helpful." Relatives we spoke with felt that the staff cared for their relative in an appropriate manner. One relative said "The carers are good and most of the staff welcome us and we are treated like part of the family." Another said, "We have never had a complaint about staff treatment, we have found it to be very good."

Members of the staff team gave us examples of how they promoted people's privacy and dignity. One staff member said, "I close doors and ask them [people using the service] if they want me to help them. Give people options and respect their wishes." Relatives confirmed that they felt people were treated with respect. We observed that staff spoke to people with kindness but there were times when they seemed to be rushed and focused on the task in hand. We also saw that there were times when people were requesting the attention of staff but this was not forthcoming because the staff were concentrating on the tasks they were performing with someone else.

People told us that they felt that their belongings were kept safe. We saw that bedrooms had been personalised with people's own things including ornaments and photographs. One relative described a bedroom, "Everything is just nice and warm and cosy." People were supported to maintain their appearance. A hair dresser visited the service weekly. One relative told us "The carers are very caring, they have painted [their relative] nails, it's the little things that make a difference.

Relatives told us that they were welcome to visit at any time. One relative said, "I visit nearly every day. I usually come in the mornings." Another told us that, "I used to just drop in whenever I was passing, I never felt worried." One of the people using the service told us that staff had supported them to maintain their independence and access the community. This meant they had been able to meet up with friends and maintain links with the community.

People told us that they felt listened to and their opinions sought. One person said, "Staff listen to you." They also told us that, "We have resident's meetings. We are asked our opinions." We saw records to reflect this. At one meeting people had given feedback about the meals that they enjoyed and what they would prefer to have more of. We saw that these items were regularly present on the menu and served on the day of our inspection. We also saw that the provider circulated a newsletter which included information about upcoming events.

## Is the service responsive?

### Our findings

At our last inspection we found that people were not supported to follow their interests and not enough activity or stimulation was provided. The provider told us that they would address this. We checked to see if improvements had been made.

When we asked the people using the service about activities one person told us, "Not as much as I would like. We play games. They've not got enough staff to support with activities." Another person said, "I do get a bit restless." Some relatives told us that they felt there was not enough stimulation for people. One relative told us, "I think it would be better for them to have more stimulation." Another relative said, "People are sat around in the morning not engaged."

Other people however told us that they had seen improvements in the level of activity that people were involved with and that people were encouraged to engage in activities. One relative told us, "I've been and seen people here entertaining or they do crafts sometimes." We were also told that outside entertainers were brought in regularly and that people enjoyed them.

The provider employed an activities co-ordinator for 15 hours per week. On the day of our inspection they were on annual leave and no provision had been made to provide cover for them. There was an activity board that displayed the planned activities for the week. We saw that there were only two planned activities for the week of our visit. We were told that when the activity co-ordinator was not on leave there were more planned activities. We were able to see photographs of people engaging in activities in the home as well as on planned trips out. Staff keep records of activities that people were offered and the activities they engaged in. However, we found that there were gaps in the recording of activities that people had attended and people had not always been offered activities that had been identified as their preference in their care plans. Since our inspection the provider informed us that individual activity schedules were being produced and activities were being made available on a daily basis. They also told us that they would ensure that provision for cover was made when the activity co-ordinator was on planned leave.

People's care plans contained information about their life history and their preferences. We saw that the information within these were usually followed. For example how people liked to be supported to have their meals or their preferred style of dress. However one relative told us that their relative had not been able to enjoy a soak in the bath as often as they would have liked as it took a lot of staff time to support this. Other preferences around whether people preferred male or female carers to support them during personal care had been recorded.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that people's needs were met. We saw that people were referred for specialist input, such as speech and language support when required and advice given had been followed. Important information about changes in care needs for people were shared with carers via a handover. This was important so that staff coming on to a shift were made aware of the wellbeing of each person and any important information relating to their care. The acting manager intended to implement a handover sheet so that records of

people's changing needs could be documented.

People told us that they would feel comfortable to make a complaint if they needed to. One person said, "If I have a problem I feel I can talk to [the senior team] they are absolutely great." One person told us they had raised an issue and had been happy with the response. They said, "When we have had our hiccups they have been sorted very well." Relatives also told us that they felt comfortable to raise concerns if required. We saw that there was an 'easy read' complaints procedure in the foyer that people and their relatives had access to. Records showed that when a complaint had been raised it had been responded to by the previous manager as per the service policy.

## Is the service well-led?

### Our findings

At the time of our inspection the person managing the service was an acting manager. They were in the process of applying to be the registered manager. The provider had ensured that there was management cover during the period of the last manager leaving and the acting manager taking over.

People using the service told us that they knew who the acting manager was, however not all were clear about the recent change of management. Relatives told us that they had regularly seen the previous manager and that they were approachable. They felt that communication between themselves and managers was good and that they were kept informed of events or concerns. Staff told us that they felt supported by the acting manager and that they were approachable and would listen to their concerns. We saw that staff meetings had happened regularly in early 2015 but none in the second half of the year.

At times people using the service and their relatives had been encouraged to feedback about how the service was run. One relative said, "We have had the odd meeting but not lately and we've had the odd questionnaire. Residents meeting minutes reflected this. We saw that there had not been a residents meeting in the second half of 2015. We saw that the provider had set a target of residents meetings happening bi- monthly.

The provider conducted surveys with people who used the service and their relatives to try to establish their views on whether they like living at Bhajan Kaur Rai Hall and what things could be improved. At the last survey taken in July 2015 five of the 20 people who were using the service or their relatives responded. We saw that the results of this survey had been displayed on a 'you said, we did' board. This meant that people were able to see what actions the provider was taking following their feedback. We saw that relatives had expressed concern about staffing levels as part of the survey and the provider fed-back that staffing levels were being reviewed.

Staff had a clear understanding of the aims and objectives of the service. One staff member said their role was, "To provide proper care, holistic care, safe care and a pleasant life for everyone." We saw that the provider had taken proactive steps to ensure that the service was open and honest about events that happened. For example supervision records showed that staff had been made aware of inspection reports and action plans for improvements. The service had developed a 'duty of candour' policy and we saw that it had been followed. Duty of candour is a process by which an organisation is required to identify when mistakes have been made and apologise to the people who were affected, regardless of whether they were aware of how they were affected at the time.

The provider had implemented a quality monitoring system to identify areas within the service that were working and any areas that would benefit from improvements. A timetable for planned audits was in place and audits had been carried out within the timeframes identified on the timetable. We saw that where audits had picked up concerns these had been addressed however other audits had not identified issues that we saw with medicines. We were told that management had made 'spot check' visits out of usual office hours as part of the quality monitoring process. Records confirmed that a visit had taken place but we were

unable to see that visits were taking place as a matter of course. We were able to see the planned timetable for auditing for the whole of 2016. This meant the provider was committed to driving improvement.

The manager was aware of the requirement for them to notify the Care Quality Commission or other agencies of all significant events within the service. We saw that these had been completed in a timely manner. The acting manager told us that they intended to train senior staff to do this as part of their professional development.