

Sunrise Rehabilitation Centre and Trading Associates Ltd Aahana House

Inspection report

97 Woodcote Grove Road Coulsdon Surrey CR5 2AN Date of inspection visit: 30 November 2020

Date of publication: 19 January 2021

Tel: 07912885014

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Aahana House is a residential service providing accommodation with personal care for up to 13 people with mental health support needs. The service is focused on rehabilitation and supporting people to move towards more independent living.

People's experience of using this service and what we found

People experienced care that took into account their individual risk factors to keep them safe during the COVID-19 pandemic.

Most people said they felt safe. Although one person did not, the provider was taking action to address the areas they were concerned about. This included regularly communicating information to people about how to stay safe and to keep others safe. Staff reminded people to wear masks and observe social distancing rules.

People who tested positive for COVID-19 received appropriate support and remained isolated in their rooms.

Where people did not comply with rules and guidelines to keep people safe, the provider took action to keep others safe. In one case, this had meant a person had moved to more suitable accommodation.

Staff received appropriate training in infection prevention and control. They maintained a thorough cleaning regime to keep the home clean and hygienic.

Rating at last inspection The last rating for this service was good (published 25 October 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about how the service was managing an outbreak of COVID-19. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated



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 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.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures. We also received information of concern about infection control and prevention measures at this service. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

Inspection team

The inspection was carried out by one inspector working on site and one inspector working remotely.

Service and service type

Aahana House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the provider one hour's notice to enable them to ensure the premises were set up as safely as possible to accommodate an inspector on-site as there were confirmed COVID-19 cases within the service.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This included information we had received from people who contacted us to raise concerns. We also looked at information the provider is required to send to us about significant events that take place within the service, such as deaths of people who use the service. We spoke with commissioners who shared information about the current COVID-19 outbreak at the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service, two members of staff and the registered manager. We reviewed four people's care records and other documents such as cleaning schedules and management records.

After the inspection

We reviewed some additional documentation we had asked the registered manager to send us.

Is the service safe?

Our findings

Preventing and controlling infection

Before the inspection, we received information of concern about the provider not meeting shielding and social distancing rules despite having confirmed COVID-19 cases at the home.

• At this inspection we found the provider was mostly meeting this, although social distancing was difficult to maintain because of the home's layout. The provider had arranged seating in communal areas to ensure people were sitting at least two metres apart. Where people needed to self-isolate, they had been doing so in their bedrooms, which had en-suite bathroom facilities. Not all bedrooms had these facilities, but the provider had contingency plans in case anyone without en-suite facilities tested positive for COVID-19. This meant those people would not have to share bathrooms with people who had not tested positive.

• We observed staff reminding a person to wear their mask properly to protect others in the community when leaving the house. However, they did not remind the person they should not be going into the community at all if avoidable because others in their home had tested positive for COVID-19. We discussed this with the registered manager who said although they could not prevent people from leaving the home, they did regularly remind people of the relevant rules and guidelines. We saw evidence of this in house meeting minutes. There were signs around the premises reminding people, staff and visitors to wear personal protective equipment (PPE) and maintain social distancing.

• We looked at how staff communicated information about COVID-19 to people who used the service because we had received information of concern about this. During the inspection one person told us they did not feel safe during the current outbreak because staff did not tell them when other people using the service tested positive for COVID-19. They also said one person had been using the communal living room after testing positive. This meant the person we spoke with had spent a lot of time in their room as they were not always comfortable using communal parts of the home. However, other people said they felt safe and the registered manager explained the person using the communal areas had a cough for other reasons. The registered manager also told us people who had tested positive for COVID-19 had been complying with guidance and isolating in their bedrooms. There were enough staff to manage this safely and provide support to those who stayed in their rooms.

• Staff and the registered manager spoke with people regularly at house meetings to remind them how to stay safe during the pandemic, for example by adhering to social distancing rules and maintaining good hygiene practices. We observed staff doing this informally during our inspection. When it was not possible to have house meetings because of social distancing limiting how many people could be in a room, staff used one-to-one keyworker sessions to discuss COVID-19 related issues with people.

• One person who used the service had recently died from COVID-19. We checked this person's care file, which included a personalised COVID-19 care plan and risk assessment. This took into account the person's individual circumstances that put them at higher risk of being seriously harmed by the virus and there was evidence the provider had taken appropriate precautions and done all they reasonably could to attempt to keep this person safe. Other people using the service confirmed staff had been supportive and they had opportunities to talk about how they felt about the person passing away. The provider also offered support to staff.

• The provider took action when needed to keep people safe. The registered manager told us one person had to move out because of the pandemic because they refused to comply with social distancing rules and advice not to socialise, and this put other people and staff at risk.

• Staff were using PPE effectively and safely to keep themselves and people using the service safe. We observed all staff and most people who used the service using PPE. One person declined to wear a mask and was receiving additional support around this to help keep others safe. Other people told us they understood why they should wear PPE and staff had discussed this with them. Staff had received training about using PPE.

• The provider kept the premises in a clean and hygienic condition. There were thorough cleaning schedules in place and additional cleaning materials were being used to reduce the spread of infection as far as possible. There were arrangements for people who had tested positive to have their laundry washed separately from others.

• We checked to make sure the provider had updated policies relevant to COVID-19, including infection prevention and control, pandemic response and a policy specific to coronavirus. These were up to date and in line with national guidance. Staff were aware of these, which helped them understand how to keep people safe. Staff had received in-depth training about infection prevention and control and were able to describe how they were currently controlling the spread of infection.