

## Sunrise Rehabilitation Centre and Trading Associates Ltd

# Aahana House

### Inspection report

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Coulsdon  
Surrey  
CR5 2AN

Tel: 07912885014

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20 August 2019

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25 October 2019

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Aahana House is a residential care home providing personal care and rehabilitation support to 13 people with mental health support needs at the time of the inspection. The service can support up to 13 people.

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

The service was safe because the provider assessed and managed risks appropriately, including risks related to behaviour that challenged the service. The provider responded appropriately to incidents and used lessons they learned from these to improve safety standards. There were enough staff to care for people safely. The provider carried out checks to ensure the premises were safe, clean and suitably adapted to meet people's needs. Staff understood how to safeguard people from abuse. Medicines were managed safely.

The provider assessed people's needs and delivered care in line with best practice guidance. They sought advice and support from other agencies when needed to meet people's needs, including healthcare needs. People had access to a choice of nutritious food, although some people felt the quality of the food could be improved. Staff received appropriate support, including a thorough induction and regular meetings to discuss their work and performance. Staff received a variety of training relevant to their roles but some people felt staff were not knowledgeable about their mental health conditions.

We have made a recommendation about staff training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a person-centred culture and people felt confident to approach the registered manager and raise any concerns or suggestions they wanted to discuss. Staff encouraged people to speak up about discrimination. The provider worked with people, staff and external agencies to assess the quality of the service and make improvements when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 April 2019).

### Why we inspected

We received concerns in relation to the management of risks arising from behaviour that challenged the service, safety of the environment and whether staff had the knowledge and skills they needed to support people using the service. As a result, we undertook a focused inspection to review the Key Questions of Safe,

Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. The provider had taken effective action to mitigate the risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aahana House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Aahana House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 notifications the provider had sent to us about significant events, and feedback we received from stakeholders and members of the public. We also spoke with representatives from the local authority and other professionals including the local police.

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 three people who used the service, three members of staff and the registered manager. We looked at four people's care records and other records related to the management of the service, such as audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We sought further information from the local authority and police.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We did not find evidence to support concerns we received about the provider failing to manage risks appropriately, particularly in relation to behaviour that challenged the service. The provider carried out an assessment of risks for each person before admission and put risk management plans in place to reduce the risks. Staff were aware of these and knew how to respond to potentially risky situations.
- We discussed with the registered manager concerns over the number of calls made to the police in response to behaviour that challenged the service. The registered manager told us the person this applied to was no longer using the service. They explained what they had learned from recent incidents and said they would ensure there was a clear plan for responding to behaviour that challenged the service if this applied to anyone who used the service in the future.
- Staff had attended a workshop on challenging behaviour the week before our inspection and some staff had completed training on intervention techniques to keep themselves and others safe when people presented behaviour that challenged. Further training was booked the following month for the remainder of the staff.
- The provider reviewed risk assessments regularly to make sure staff had up to date information about how to care for people safely.
- Staff encouraged people to take responsibility for the safety of their home, such as by making sure they disposed of cigarette ends and other rubbish safely and hygienically.
- The provider carried out checks to make sure the premises were safe to use. We fed back two minor safety issues to the registered manager. A communal bathroom locked by an internal bolt, which meant there was a risk of people being trapped inside. Two en-suite showers had flat floors and people told us they leaked water onto their bedroom floors, which meant there was a risk of slipping. The registered manager told us they would address these issues and we will check them at our next inspection.

### Staffing and recruitment

- There were enough staff to care for people safely, because the provider had a robust system to assess and meet staffing requirements based on the needs of people using the service. Although information we received before the inspection indicated some concerns about staffing levels, we found the provider had addressed any potential risk by deploying temporary staff to cover increased staffing needs.
- The provider carried out appropriate checks on newly recruited staff to ensure they were suitable to care for people.

### Preventing and controlling infection

- The premises were visibly clean and free of unpleasant odours. Staff used daily cleaning schedules to make sure all communal areas were kept clean. They supported people to check their bedrooms regularly

to ensure they were free of infection risks such as discarded food or other rubbish.

- Staff were aware of their duties around infection control and used personal protective equipment such as disposable gloves as a barrier to infection.
- We noted the provider did not carry out an infection control audit. Although we did not identify any issues around infection control, having the audit would help the provider manage risks in future. The registered manager told us they would look into this.
- The provider engaged the services of a pest control company to reduce the risks presented by vermin around the premises.

#### Learning lessons when things go wrong

- The provider recorded incidents and used the information to prevent them from happening again. We saw examples of work the provider had done since concerns had been raised about the service. The registered manager told us what they had learned from the recent admission of a person whose needs were higher than the service would normally cater for and as a result they were no longer accepting this type of referral.

#### Systems and processes to safeguard people from the risk of abuse

- People and staff felt the service was safe.
- There was a robust safeguarding procedure in place to help staff recognise and report signs of abuse.
- The registered manager reported any concerns promptly to the relevant authorities.

#### Using medicines safely

- Medicines were managed safely. Staff were trained in safe medicines administration. Records showed people received their medicines as prescribed and medicines were stored safely.
- Where people were prescribed medicines only to be taken when needed, staff had enough information to make sure people received these at the right times.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- We received concerns before the inspection that the provider was admitting people to the service without fully considering whether the service could meet their needs. However, at this inspection we did not find evidence that this was an ongoing concern. Although a person had recently been admitted as an emergency placement and most of the concerns arose from this, the person was no longer using the service by the time of the inspection and the registered manager confirmed they had updated their admissions policy and would no longer accept this type of referral.
- The provider carried out a thorough assessment of people's needs before admission. They gathered information they used to decide whether the service could meet people's needs. The registered manager told us they were now placing more emphasis on whether people who wished to move in would fit in well with the people already using the service.
- The provider followed relevant guidance about mental health rehabilitation to support people to work towards recovery and living independently.

Staff support: induction, training, skills and experience

- Information we received before the inspection indicated that the service was supporting people with learning disabilities, which the provider did not normally do. We checked staff had the necessary skills and experience to provide effective care to people in this group.
- Staff received a variety of training and were able to request any further training they felt would help them care for people effectively. However, two people did not feel the staff had a thorough understanding of their specific mental health conditions and records confirmed staff did not have formal training around those conditions.

We recommend that the provider researches the availability of training around specific mental health conditions that would help staff understand the needs of people using the service.

- Where the service had temporarily supported a person with high needs, the provider had deployed staff who knew the person from their previous home to work with them at all times.
- Staff received regular support through one-to-one meetings with their supervisors. New staff had an induction to familiarise themselves with the service and gain the experience they needed before working unsupervised with people.

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

- Staff recorded what people ate and drank to monitor their health and ensure they had enough nutritious

food.

- Staff were aware of people's needs and preferences around food and drink, so they were able to support people to choose from options that they liked.
- Two people felt the food could be of better quality. One person told us, "They buy the cheaper options" and another said, "There is instant mash all the time." We fed this back to the registered manager, who said they would discuss this with people at residents' meetings.

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

- Staff liaised with people's social work and healthcare teams to discuss relevant information and ensure people received consistent care in line with professional recommendations.
- When problems were identified that required the input of other services, such as one person who did not have the medicines they needed, staff worked with multiple agencies to solve the problems as quickly as possible.
- Referrals to appropriate services were made in a timely way so people received the input they needed from other services when they needed it.

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

- The environment was well suited to people's needs. There was a well maintained garden and a variety of spaces for people to spend their time and socialise.
- The service was adapted to meet the needs of people with physical disabilities. Ground floor accommodation with en-suite shower facilities was available for wheelchair users. One person told us, "I can get about. I like to come down and sit in the lounge."

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

- People had regular contact with healthcare services to monitor and meet their mental and physical healthcare needs.
- Staff had the information they needed to recognise a relapse or deterioration in people's health and respond appropriately.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff asked for people's consent before providing care and people confirmed this.
- One person using the service was subject to DoLS, which had been authorised by the appropriate body.
- Although there were some restrictive practices in use, such as locking some rooms when nobody was using them, these were used with people's consent and understanding of the reasons for the restrictions. For example, one communal bathroom was kept locked because of hygiene risks, but staff were always available to unlock the room if anybody wished to use it.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an inclusive and empowering culture. People were encouraged to speak up about discrimination. At a residents' meeting the month before our inspection, people discussed writing to their local Member of Parliament about some recent events that made them feel discriminated against.
- People told us the manager was approachable. One person said, "The manager is sweet. I can always talk to her."
- People had their own house rules and discussed consideration for others in residents' meetings, which helped create a culture of respect and tolerance of others.

Working in partnership with others

- As a result of the concerns that had been shared with us, the provider was working collaboratively with the local authority to improve their relationship with neighbours and other members of the public. There was a clear plan of action and the number of concerns we received had reduced since this was put in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager discussed incidents and complaints with people who used the service so they were aware of what the provider was doing in response.
- Staff told us they had opportunities to discuss incidents with the registered manager, who kept them informed about action they were taking.
- People fed back that the manager was open and honest with them when things went wrong.

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

- The registered manager used staff meetings to make sure staff understood their roles in relation to risk management and meeting people's needs. This included discussions about policies and procedures, medicines management and record keeping.
- The provider had a good understanding of their regulatory requirements and based their quality indicators on the regulations they were required to comply with.

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

- People had opportunities to share ideas and feedback at residents' meetings, including ideas and requests for things they would like to do.
- The provider had also carried out a survey since our last inspection and there was evidence they had made some improvements based on people's feedback.
- The registered manager discussed their last inspection report at a staff meeting and encouraged staff to feed back ideas of how the service could improve further.
- The registered manager told us about action they were taking in response to complaints made by neighbours. This included reinforcing house rules about consideration for others.

#### Continuous learning and improving care

- We noted the provider had made improvements since our last inspection, such as providing new activity equipment and putting up a fence to improve safety and privacy.
- Staff told us the provider was always looking for ways to improve the service and they were encouraged to discuss at handovers and staff meetings how to make the service better.
- The provider used a range of audits and checks to monitor the quality of the service and identify anything they needed to improve.