

Cherre Residential Care Limited

# Ayeesha-Raj Care Home

## Inspection report

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Date of inspection visit:  
04 October 2016

Date of publication:  
08 November 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 4 October 2016. It was an unannounced inspection.

Ayeesha-Raj Care home provides accommodation for up to 20 people with learning difficulties and sensory impairments. There were 12 people using the service on the day of our inspection.

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

People were protected from harm and staff were clear of their role to keep people safe and protect them from abuse. People told us they felt safe. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had identified that the service was not working within the principals of the Mental Capacity Act 2005 (MCA) and was taking action to address this. The registered manager was clear of their role in ensuring decisions were made in people's best interest.

People told us that they enjoyed the food on offer and we saw that they had access sufficient to eat and drink and maintain a balanced diet. 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.

Staff had a clear understanding of their role and how to support people who used the service as individuals. Staff knew people well and treated them with kindness and compassion. People's dignity was maintained and promoted.

People's independence was promoted and staff treated people with dignity and respect. People were supported to follow their interests and engage in activities. We observed times of inactivity for some people. Staff told us that there were times when more activities could be promoted.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and were confident that they would address issues if required.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made. The provider ensured that the registered manager was supported and that the drive for improvement was planned and sustainable.

## 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

People felt safe. The staff team knew how to keep people safe from harm.

The provider carried out regular safety checks on the environment and the equipment used for people's care.

People's medicines were managed so that they received them safely.

### Is the service effective?

Requires Improvement ●

The service was effective

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health and had sufficient to eat and drink

The registered manager had identified that the service was not fully working within the principals of the Mental Capacity Act 2005 (MCA) and was taking action to address this.

### Is the service caring?

Good ●

The service was caring

People's independence was promoted and people were encouraged to make choices.

Staff treated people with kindness and compassion.

People were supported to make choices and could make decisions about how they spent their time.

### Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals.

People were involved in planning and reviewing their care.

The registered manager had sought feedback from people using the service.

### **Is the service well-led?**

**Good** ●

The service was well led

People knew who the manager was and would feel comfortable to address issues with them.

Systems were in place to monitor the quality of the service being provided and drive improvement.

The staff team felt supported by the registered manager.

# Ayeesha-Raj Care Home

## **Detailed findings**

### Background to this inspection

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

The inspection site visit took place on 4 October 2016. It was an unannounced inspection. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with seven people who used the service. We spoke with the registered manager, area manager and five care workers. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "Yes I feel safe because staff are here to protect me and other residents." One person explained that having the support of staff made them feel safe, they said, "I've got staff all around me." Other comments included, "Staff come in my room to check me sometimes.", "Staff take care of me and make me feel safe."

People told us that there was enough staff to meet their needs safely. One person said, "Yes there is enough staff." Staff told us that there were enough staff. One staff member said, "I think there is enough staff and we are managed well." We reviewed the staff rota and saw that staffing levels had been set to meet the needs of people. The provider regularly audited the staffing levels to ensure skill mix of staff was appropriate.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would make sure the service user is safe then report." The provider was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This aided people to be protected from harm and abuse.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People were supported to remain safe when their behaviour posed a risk to themselves or others. Staff explained that they understood what might cause people to display challenging behaviour and what positive actions they could take to reduce the person's anxiety. There was a challenging behaviour policy which aimed to ensure that any restrictive intervention used by staff was legal and ethically justified. Care plans and risk assessments were in place to guide staff how to support people who may display challenging behaviour. Staff received the appropriate training to keep themselves and people being supported safe.

We found that risk assessments had been completed on areas such as moving and handling, nutrition and epilepsy. 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. Risk assessments had been reviewed regularly and staff understood their role in following them. Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been 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.

People were not prevented from taking risks. We saw that one person was supported to engage in an

activity that put their health at risk. The person had been made aware of the risks and strategies had been implemented in order to reduce the risk of impact to them while engaging in the activity. The person told us that they were happy with the way that this was managed. A staff member told us, "We can only advise and monitor." We identified that the risks associated with accessing the community for one person had not been formally assessed. We asked the registered manager to consider this they told us that they would and involve the person in identifying risks and strategies they could use to keep themselves safe.

People could be assured that they received their medicines as prescribed by their doctor. One person told us, "[Staff] are brilliant at giving medication." Another person said, "Staff help me with medicines." People had an understanding of what their medicines were for. Medicines were all stored securely. 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. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed. We saw that people's doctors were contacted when staff had a concern about people's medications. Staff had received appropriate training before they were able to administer medicines to people. Staff understood how people liked to receive their medicines. The staff member who was administering the medication explained to us that one person required their medicine to be taken with food. This was so that it was easier for them to swallow and they were shown that their medicines were in their food. This had been sanctioned by their doctor to ensure that it was safe to do so.

The help that people would need if there was a fire had been formally assessed. People told us that they knew what to do in case of a fire and that drills happened regularly. One person said, "Yes the fire bell does go off sometimes and then we all go outside and wait for staff to say we can come back in." Records reflected that fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

We saw that accidents or incidents were recorded. Staff confirmed that they were required to make records and ensure that the registered manager was made aware of accidents and incidents. One staff member told us, "There is no secrets." Records included details about dates, times and circumstances that led to the accident or incident. We saw that a referral had been made to an external health professional and changes were made to care plans as a result of the accident or incident that had occurred. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

The provider had a policy and procedure for supporting people with managing their finances and protecting them from financial abuse. Staff confirmed that they were required to check the amount of money that people had daily and the registered manager or senior staff member checked finance records weekly. The registered manager had ensured that where people were helped to manage their finance's that that people had agreed to this and understood what support was on offer. The finance policy required that regular audits of people's finances was completed by the area manager. We saw that these audits had occurred and where a discrepancy had been identified then appropriate action had been taken to report and address the discrepancy.



## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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. We found that the service was not consistently doing so.

The registered manager was aware of the legislation and had considered these requirements during care planning. Staff had received training about the MCA and understood how it affected their role and the people they were supporting. We saw that not all DoLS applications had been made where required. The registered manager confirmed that they had made the application the day after our inspection visit. The registered manager had identified that the service needed to improve their internal processes and was working towards fully implementing the principles of the MCA and had begun identifying where people required assessments. We saw that mental capacity assessments were completed and the appropriate records were in place with regard to how people's finances were managed. We saw that there was reference to people's ability to make decisions in their care plans.

The registered manager told us that they believed that some people did not have the capacity to consent to aspects of the care that was provided at Ayeesha-Raj care home with regard to their personal care or medication. They told us that they intended to complete work around assessing their capacity over the next few weeks. Where people did not have the capacity to make decisions the relevant people would be consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA.

We asked people how staff gained their consent to provide support to them. One person told us, "We ask, they ask, its team work." A staff member told us, "We will ask and encourage. They make their own decisions." The registered manager discussed establishing people's consent with all staff periodically as part of their supervision program.

People were supported by staff who had the knowledge and skills to meet their needs. One staff member said, "I have done training and manager is good to keep us doing it." The registered manager told us, "I have implemented training and will continue and hope for more specific external training." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included identifying and reporting safeguarding concerns and health and safety training. Staff confirmed that they had shadowed more experienced staff members before they supported people on their own. New staff were required to complete induction workbooks to show their learning.

Staff told us that they had attended courses such as, dignity in care and de-escalation of behaviour that challenges. The staff training records showed that staff received regular refresher training and ongoing learning. We saw that staff's understanding of the training materials used had been assessed. The registered manager had implemented additional workshops to support staffs learning and enable them to assess staff's understanding and competency.

The registered manager conducted regular supervision with staff members. Staff told us that these meetings were helpful and that they felt supported. During supervision staff's progress, competency in their role, training and support needs were discussed. This enabled the registered manager to evaluate what further support staff required from them. We saw that the registered manager had conducted a supervision with staff members in order to address an area of their practice that they had identified as a concern.

People told us that they enjoyed the meals on offer and that they received choices. One person showed us the menu on display in the dining room and told us that they make choices about what they want to eat with staff. A staff member confirmed this. They told us, "They usually have two choices, today it is spaghetti on toast or eggs on toast. [person's name] did not want that, so he is happy for cheese and onion sandwich." Throughout the day we observed people being offered choices of drinks. The kitchen door remained open most of the time and people were observed to wonder in and be offered support to make a drink. The registered manager told us, "We ask residents what they would like to eat. They choose the day before. They are given two choices on the day. Staff do the cooking. They mostly like cooking so it's home cooking from scratch."

We saw that people were being supported to maintain good health. People had access to health care professionals. One person told us, that they had visited the GP the day prior to our visit. The records that the service kept with regard to health professional input were clear and in depth. We saw that the guidelines that had been provided to ensure people's health needs were met were being followed. For example we saw that one person required a blood test. This had been arranged and they had received additional support to attend the appointment due to their anxiety around accessing medical appointments. We saw that one person repeatedly refused to access health professionals but routine appointments were made by staff in order to ensure they had the option to attend if they wanted to. We also saw that another person became anxious about accessing health professionals. This person was supported in a way that minimised their anxiety and enabled them to attend appointments when they were unwell.

## Is the service caring?

### Our findings

People told us that staff were caring. One person told us, "Staff look after me and take care of me." Other people that we spoke with agreed. Throughout our inspection visit we saw that people were treated with kindness and compassion by the staff members who were supporting them.

People's dignity was maintained and they were treated with respect. Staff explained how they ensured people's dignity was maintained through actions such as ensuring they covered people appropriately when supporting them with personal care. We observed staff interactions with people throughout our inspection which confirmed this. Staff had received training regarding how best to support people's dignity.

People's belongings were respected and we saw that staff asked permission to enter their bedrooms. One person said, "I lock my door." They showed us their key. A staff member told us, "We will knock and ask first if they are OK and only go in if they do not answer or ask us to." Another staff member told us, "Residents keep their room as they like." We were invited to see a person's bedroom. We saw that it was decorated as they had chosen, with their own belongings. People spoke with pride about the things in their bedrooms and the way their rooms had been decorated. For people who wanted to they had keys to their own bedroom so that they could lock the door themselves. In this way their private space was respected.

People were supported by staff who knew them well. Staff explained to us how they may adapt their style of communication in order to encourage a person to engage in a task. Another staff member told us how they were able to understand a person's body language in order to know what options to offer them in terms of activities. This meant they could then be offered the activity they were most likely to want to engage in and enjoy.

People were supported to maintain links with other people who are important to them. One person said, "I can have visitors any time." Another person told us, "I am happy here because I'm near mum and dad." They explained how they visited with their family regularly. We saw that another person was supported to take phone calls from their relatives. Where people chose not to accept visitors this too had been respected.

People were offered choices and could make decisions about how they spent their time. One person told us, "I go to bed any time. I can have a drink any time." A staff member told us, "It's for me to give a choice. If they are not happy change [the options] for other things." We saw that people could take their meals where they wanted. Some people choose to spend time together in a smaller lounge. Staff respected choices even when these choices may affect people's health. People were supported to understand the risks so that they could make their own decisions. Staff offered support in a way that was unobtrusive but enabled people to engage in the activity. We saw that as a result of empowering a person to take control of their life and decisions they had begun to make choices that would be less harmful to their health and promote their well-being.

People's independence was promoted. One person told us, "I help a lot around the home. Dry the pots, set the table." During our visit we observed another person had been supported to wash up after the lunch time

meal. A staff member told us, Some need full help, others you can leave. It all depends on the individual." During hand over a staff member communicated that they had been encouraging a person to clean their bedroom that morning but they had refused. They told us they would try and encourage them at another time.

## Is the service responsive?

### Our findings

People were supported to contribute to their own care planning and reviewing of their care. One person said, "I do have a care plan and yes we do look at it and discuss – with my key worker usually. It works well." Another person told us, "Every month we have to sign it." We checked with them if they understood what they were signing and if they agreed with what was written. They did. We saw records to confirm that monthly 'link working' meetings had taken place between people and their named key worker to review how things had been over the previous month. We saw that people were asked what had been positive and what had been less positive, their personal goals were discussed and targets set to help them achieve their goals.

Staff understood people's individual needs. One staff member told us, "It's very much individual, meeting their individual needs." People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans was sufficient so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. People's preferences and wishes were respected. One person told us, "Staff help me [to complete personal care tasks.] Always lady staff. Never a man. I wouldn't like that. It's not right." We discussed with the registered manager that staff had told us that some people were regularly woken at night due to continence issues. It was not clear if people had agreed to this and if it was necessary at the frequency that it was happening. The registered manager told us that they would discuss this with each individual and explore other options with them if necessary.

Staff were required to record the support that they provided in people's daily notes. We saw that these records were detailed and reflected the support that people had requested. Where people had refused support this too was recorded. Important information about changes in care needs for people were shared with carers via a communication book which all staff read. Staff also shared important information regarding people's care during staff handover. This was important so that staff coming on to a shift were made aware of the well-being of each person and up to date information relating to their care needs.

People were asked for feedback about the service that they receive. One person said, "I go to meetings with other residents." Another person told us, "I do go to the resident's meetings – I'm home secretary. We did talk about activities for the winter." The registered manager told us, "We have monthly meetings for the residents. The last one they asked for different activities for the winter." We reviewed the meeting notes. They were written in the hand writing of people who use the service which demonstrated people's involvement.

People were supported to follow their interests. One person told us, "We like playing pool." We saw that there was a pool table in the garden. Most people were encouraged to access the local community and engage in vocational, recreational and educational activities. Some people had opted to not access day

services and this had been respected. People's care plans identified their interests and activities that they enjoyed engaging in. Throughout our inspection visit we observed people taking part in activities within the home environment. However some people told us that there were not always enough staff to enable them to access activities in the community. One person said, "Staff are all nice. Not always enough. Short staff stops me from going out." We asked the area manager what they were doing about this. They told us that people are able to choose the activities that they wish to take part in through link working sessions. The staff rota is then completed to ensure that the correct skill mix and staffing levels are available to meet the requirements of the people. Activities are also discussed during service user meetings. They did however aim to improve the range of options both in- house and on an individual basis and that this was currently a work in progress.

During observations we saw that there were times when people were not engaged in activities and spent time 'people watching' or watching the television. These activities had been identified as being their preferred things to do. Staff confirmed that these were people's preferred activities but told us that there were times when more activities could be promoted for all people who used the service. Staff told us that they were working with the registered manager to increase the in house activities on offer.

People told us that they would feel comfortable making a complaint. One person told us "I could go tell the manager." We saw that the complaints procedure was available to all people who used the service and visitors. This was provided in a format that was easier to understand for some people. The provider had a complaints policy that had been reviewed and made clear what actions needed to be taken if a complaint were to be received. The area manager and registered manager confirmed that there had not been a complaint since our last inspection.

## Is the service well-led?

### Our findings

People told us that they had confidence in the manager, knew who they were and would feel comfortable to address issues with them. One person told us, "She's the best manager we have had yet."

Staff that we spoke with told us that they felt supported, valued and that registered manager listened to them and responded to their concerns. One staff member said, "Support has been brilliant." They described the registered manager as, "Really good, very friendly, very open. She is always there if you need anything."

People were involved in the development of the service. We saw that people had been involved in recruitment by devising a set of questions that are asked of potential new staff at interview. The area manager told us that the questions were developed by people through a series of meetings. Interview records confirmed that these questions had been asked of new staff during interview. People had been asked to help develop the service statement of purpose. We saw that the document had been completed by some people using the service and used photographs of them being involved in daily activities. There was also a 'welcome book' which had been designed by people using the service. This demonstrated that people had been consulted and involved in the implementation of new systems at Ayesha- Raj.

Staff were clear about the service values and their role. One staff member told us, "Everyone works together, everyone works for the good of the residents." The registered manager had shared the code of conduct with each staff member. Staff were communicated with and their ideas and opinions were sought. The registered manager ensured staff meetings took place regularly. Staff confirmed this. During the meetings, the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. We saw that the outcome of visits by the local authority had been shared with the staff team. Where actions were required to be made staff were aware of what they were and how the actions would be implemented.

The registered manager was present and accessible throughout the inspection. They were aware of the day to day culture of the service. They told us, "I like to be present at meal times to make it more a family time. We encourage chat and interaction. It makes sure I have seen everyone a number of times during the day. I can talk to everyone and see for myself how things are, with staff too." Staff confirmed that the registered manager was accessible and present regularly.

The registered manager demonstrated that they were keen to drive improvement and promote a person centred culture. They told us, "All of the points from last inspection have now been dealt with, all toilets done, hall painted. I make a list of things that need doing and management get it done. I have been here two months. My priority has been to get to know the residents and make sure they are happy and doing activities. They have been my focus – residents come first." We saw that they had implemented systems to improve quality and staff understanding. This included additional staff training, staff supervisions and systems involving people who use the service more. They had taken into account feedback from external professionals and implemented changes based on this feedback. We saw that there was an action plan that the provider, area manager and registered manager had agreed on which made clear what actions were

required to be taken to drive improvements and who needed to make them. This was time specific and reviewed regularly in order to ensure that the actions were taken. This demonstrated that the provider had a system in place in order to ensure sustainable improvement.

The registered manager had effective systems for gathering information about the service. They had processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement. For example, the monitoring of medication storage. Where actions were needed, these had been recorded and actioned. The registered manager conducted formal weekly tours of the building. During these they noted any issues with the environment or cleanliness and took action to rectify them. The registered manager used these to assure themselves that the home environment was clean and suitable to keep people and staff safe and well.

The area manager visited the service regularly to audit care delivery, records and systems. One staff member said, "The [area manager] comes in every week, knows staff well and how things are." We saw from their visit in July that they had identified a concern around medication administration and checked to see if the correct actions had been taken. The area manager produced a report for the provider and the registered manager to ensure any actions required had been addressed. They told us that their visits offered staff the opportunity to raise concerns with them if they needed to. The area manager supported the registered manager in their role. They met regularly along with the provider to review progress and actions that had been set. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place.

There was a culture of openness and accountability. The registered manager told us, "A number of professionals especially from the learning disability team come in regularly and that has been positive." We saw records from visits by outside agencies that had occurred and where they had recommended actions to be taken these had been addressed. The area manager and the registered manager took turns in auditing the other's work in order to assure themselves that all tasks were completed thoroughly. We saw that there had been an occasion when a concern had been identified through the provider's audits. The provider had ensured that the relevant authorities had been informed and were kept up to date with actions that they had taken to address the concerns. The provider met with the people who had been affected and made clear what the concern was and what action had been taken to ensure that this situation would not re-occur. Where people had family involvement they too were contacted and informed.

We saw the provider's registration certificates were displayed. However, the latest Care Quality Commission (CQC) inspection report was not available and the provider's overall performance rating from the last inspection visit was not displayed. The provider has a legal duty to ensure the rating of its performance by CQC is shown at the service. We raised this with the registered manager and a copy of the overall performance rating was displayed by the end of our inspection visit.