Mitchell's Care Homes Limited

Rainscombe Bungalow

Inspection report

Rainscombe Farm
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Surrey
RH6 9SB

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Date of inspection visit:
30 March 2023

Date of publication:
11 May 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Rainscombe Bungalow is a residential care home providing personal care for up to 7 who have a learning disability or autistic people. The service is in a residential road with each person having their own bedroom and a shared kitchen, dining area and lounge. At the time of the inspection 7 people were living at the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it .

Right Support:
People were not always being given the opportunity to lead as fulfilling life as possible, although staff had started to consider how they could work towards this. Staff were being provided with training around the Right support, right care, right culture guidance to enable them to consider how they could transfer their learning into benefitting people living at the service.

Although people had good relationships with staff, staff had not always considered how they could help ensure people were provided with information relevant to them in a way they understood. There was little evidence to show people were involved in their care plans or given the opportunity to learn new life skills.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Although we found most restrictive practices followed the principles of the Mental Capacity Act 2005, we observed staff restricting one person's movement without the necessary documentation in place. We have made a recommendation to the provider in this respect.

Staff were aware of their responsibility in relation to infection control and people were seen to follow good hand hygiene practices.

Right Care:
People were cared for by a sufficient number of staff who had been recruited through safe recruitment processes. However, we found some staff had not completed training that was relevant to the people they cared for. This meant staff may not have the relevant skills to ensure they always followed good practice. We have made a recommendation to the provider in this respect.

People had good relationships with staff and staff knew people well. Staff recognised people's individuality

and there was good guidance available in people's care plans to help support staff's care of people. People were shown care and respect by staff.

People were provided with the medicines they had been prescribed and staff recognised the need to keep people safe from abuse and protect them from the risk of harm. Staff supported people to see healthcare professionals when needed and ensured people were provided with sufficient food and drink to help them maintain good health.

Right Culture:
The provider had recognised the need to make changes in relation to opportunities for people and as such they had organised training seminars for staff. This included sharing the Right support, right care, right culture guidance and ensuring all staff undertook the required training in learning disability.

Despite the providers commitment to improve the service, we found people had been without curtains or blinds in their rooms for a long period of time. The provider had also failed to notify CQC of 2 safeguarding concerns which were raised in 2022, although both had been investigated and resolved.

Staff were happy working at the service and told us they felt supported and valued. They said they had the opportunity to meet with the line manager on a 1:1 basis and felt confident to speak up in staff meetings to air their views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The rating at the last inspection was Good. Report published 8 January 2021.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified a breach in relation to person-centred care. We have also recommended the provider improves their understanding of the Mental Capacity Act 2005 principles as well as support staff to complete all relevant training.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Rainscombe Bungalow

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Rainscombe Bungalow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rainscombe Bungalow is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The new manager had applied to register with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed the information we held about the service which included notifications of accidents, incidents and safeguarding concerns.

We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 1 person. We spoke with 4 staff, which included another of the provider's manager's, the new manager and care staff. We reviewed the documentation for 5 people in varying detail, looked at the medicine administration practices and 5 recruitment files.

We looked at various other documentation related to the running of the service, this included fire assessments, health and safety checks and audits.

Following the inspection, we spoke with 3 relatives of people living at the service, 3 social care professionals and 2 staff.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were supported to stay safe as staff had received training in recognising potential safeguarding concerns and knew how to respond to these. A relative said, "I have a sense that he is safe."
- Staff said they would report anything to their manager and they knew that the local authority safeguarding team would investigate any potential concerns. Staff said, "I would report it, record it and investigate it" and, "We need to report anything we see."

Assessing risk, safety monitoring and management
- Risks to people had been identified and staff took appropriate action to respond to these risks.
For example, where people were at risk of choking, food was prepared for them in line with the Speech and Language Therapy team guidelines.
- Those people who were susceptible to their skin breaking down were provided with suitable equipment to sleep on and repositioned regularly to reduce the pressure on their skin.
- People used appropriate equipment to support them when mobilising or were accompanied by staff to help ensure their safety.

Staffing and recruitment
- People were cared for by a sufficient number of staff. This included enough staff to provide people with 1:1 or 2:1 care when required. For example, 1 person needed 2 staff to support them to mobilise.
- Staff told us they felt there was enough of them to care for people in the way they needed and staffing rotas indicated that staffing numbers were in line with what we had been told by the manager.
- Staff were recruited through safe processes. This included providing an employment history, references and evidence of their right to work in the UK. Prospective staff also underwent a Disclosure and Barring Service (DBS) check prior to starting work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
- People's medicines were stored safety and only trained staff dispensed and administered medicines to people.
- We were satisfied that staff understood good medicines practices, however, we observed a staff member sign one person's medicine administration record (MAR) before they saw the person take their medicine. This was because other staff had unexpectedly decided to take this person out on a trip and their medicine was due whilst they were out. We spoke with the staff member about this as well as the manager and we

were satisfied this would be addressed immediately.
● People's MARs did not contain any gaps, which indicated people received the medicines they required.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
The service was working in line with latest government guidance in relation to visiting in that visitors were allowed into the service at any time.

Learning lessons when things go wrong
● Accidents and incidents were recorded and action taken in response. For example, in the case of 1 person suffered harm when they had a fall and staff had taken them to hospital for treatment.
● The manager reviewed accidents and incidents each month to look for trends and themes. Very few incidents occurred and therefore the manager and staff had a good knowledge of each one.

Requires Improvement

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's outcomes may not always be good.

Staff support: induction, training, skills and experience

- Training was available to staff to help ensure they were competent in their role. However, when we reviewed the training matrix provided to us, we found several of the 11 staff had yet to complete their training, although some staff had only recently started work at the service. For example, 5 had not undertaken diabetes training, 4 manual handling training, 3 autism training, 4 basic first aid training and 5 basic food safety training.
- Some of these topics were important as people living at Rainscombe Bungalow had health conditions such as diabetes or required moving using a hoist. We did find good guidance in place for staff however to follow which helped with ensuring people received appropriate care. In addition, trained staff were on duty each day to support with people's care.

We recommend the provider supports staff to complete all necessary training to give them the tools needed to feel confident in their role.

- People were cared for by staff who underwent induction when commencing working at the service. A staff member said, "I shadowed staff before I worked on my own to get to know people and what care they needed."
- Where staff were compliant with the training requirements they told us it helped them in their role. A staff member said, "Face to face training is the most important – I learn more."
- Staff had the opportunity to discuss their performance on a regular basis with their line manager. This meant they could talk, in confidence, about their role, training requirements or any concerns. A staff member told us, "I get the feeling they (management) are listening to what I have to say."

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 MCA 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.

● We observed staff restrict someone's movement whilst they were in their wheelchair. Staff said a healthcare professional had suggested using the person's handling belt (a belt used to assist with people being transferred) on the legs of their wheelchair to restrict the space the person had when putting down their legs. This would help to prevent them from standing up and potentially falling. This was suggested whilst staff waited for a more suitable wheelchair for the person. Although staff told us they used this technique, there was no capacity assessment or best interests decision to support this restriction and staff were unable to provide us evidence of the health professional advising this practice.
● Staff had followed the principles of the MCA with all other potential restrictions. Capacity assessments had been carried out and best interests decisions made to help ensure that the least restrictive practices were taking place.
● These processes had been followed where people had lap belts in their wheelchair or bed rails, for example.
● Staff had undertaken MCA training and were able to explain their understanding of the Act. A staff member told us, "Don't assume that just because they (people) may lack capacity you cannot ask them things."

We recommend the provider reminds themselves of the MCA and its codes so staff routinely complete capacity assessments and best interests decisions in all events.

Adapting service, design, decoration to meet people's needs
● People lived in an environment that was suitable for their needs. Communal areas were clear of trip hazards and had suitable space to allow people who required a wheelchair, freedom to move about.
● There was evidence of some personalisation in people's rooms, although we found the communal areas sparse and unhomely. We spoke with the manager about this who told us they had recently undertaken some decoration and as such had to remove paintings, etc. from the walls. The manager assured us items would be rehung to give the open spaces a more pleasant feel. They told us they would involve people in any decisions made.
● Although the house was suitable in terms of the accommodation it provided and from the outside you would not identify it as a care home, the location was remote. This meant people were very reliant on staff taking them out, as the service was situated down a long country road with no pavements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had lived together at Rainscombe Bungalow for a long time and had a good relationship with each other. There was evidence of people's funding authority assessments being used prior to people moving into the service and this assessment formed the basis of their care plan.
● Staff used national recognised guidance to help guide their care for people. For example, they followed nutritional advice by specialist teams and ensure people's pressure mattresses were set in line with recommendations. For example, according to a person's weight.

Supporting people to eat and drink enough to maintain a balanced diet
● People were provided with sufficient food and drink in line with their individual requirements, either through preparation or for cultural reasons.
● Where people required support to eat, we saw staff provided this at an appropriate place, speaking to the person throughout to check they were happy with the food.
● People on modified diets had their food presented to them in an appetising manner.

Staff working with other agencies to provide consistent, effective, timely care; support people to live healthier lines, access healthcare services and support
● People were supported to access healthcare professionals input when required. People had annual health

checks with the GP and other appointments associated with their health, for example, the chiropodist or dentist. A relative told us, "He has improved. They (staff) managed to help him reduce his weight."

● The GP reviewed people's medicines regularly and when possible, medicines had been altered or reduced to help ensure people were not being over-medicated.

● Staff sought health professionals' input if they were concerned about someone and followed up on any treatment when necessary. For example, in the case of one person who kept removing a dressing on a wound. Staff spoke with the doctor and antibiotics were prescribed for the person to help prevent infection.

Good

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People said they were happy living at Rainscombe Bungalow. One person was proud to show us their bedroom and commented, "This is all mine. I like it."
- It was evident people had developed good relationships with staff. Staff spoke kindly to one person who came back from a trip out upset. They took time speaking with the person trying to understand what had made them anxious and reassuring them. Shortly after returning, the person, through staff's support, told staff they felt better. A professional told us, "Some staff do know [person's name] well and she responds to them."
- People and staff leant close to each other when speaking together showing a sign of trust and companionship. A relative told us, "Staff are in tune with him. He has a particular relationship with [staff name]."
- People took an interest in each other, with 1 person telling us about their housemates and why they liked them.
- People were supported to follow their individual faiths. One person showed us some particular clothing they had for celebrating a festival. They told us they would be celebrating with their family.
- Relatives said they felt staff were kind and caring. Relatives told us, "I am pleased. They (staff) seem nice. They've done a marvellous job" and, "They ring me to say she is doing well and fine."
- Professionals were mainly satisfied with the care provided to people they were involved with. They told us, "Generally the ladies are very settled" and, "Happy with the care. No real concerns about the care and support."
- People were heard making their own decisions. One person chose what they wanted in their sandwiches for lunch and also for their dinner. They were heard deciding whether they wished to go out later in the day to visit someone in another of the provider's services.

Respecting and promoting people's privacy, dignity and independence

- People were heard being spoken to by staff in a respectful way. Staff used people's names and waited until people responded to them, rather than putting words into their mouths.
- Staff told us to protect people's dignity, they locked the door on the bathroom when carrying out personal care. Staff said, "I treat people how I would like to be treated" and, "We respect everyone and try and do our best."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs may not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Right support, right care, right culture guidance (RSRCRC) focuses on people being enable to live a meaningful life and as such we expect services to give people every opportunity to reach goals, try different things and lead as normal a life as possible.
- Although there was evidence that some people living at Rainscombe Bungalow were supported to access the community routinely and try different things, this was not consistent and as such the service was not following the RSRCRC guidance. There was little opportunity for people to learn new life skills and records showed that some people did little other than watch television or listen to music each day.
- The manager told us only 1 person went out occasionally in the evening and a relative said, "[Person's name] is doing well, but possibly more ways to engage them in more activities would be good."
- One person was recorded as enjoying arts and crafts, music sessions, shopping and the cinema. But their daily records showed no activities during March outside of watching the television or films at home. Staff told us, "Some people go to a sensory session each week which they enjoy. We want to try evening activities with people. People need more activities."
- Professionals also felt activities could improve, with one professional telling us, "Staff are trying to make an effort by joining up with others of the providers homes. They seem to be trying to up their game, but at times staff don't think sensibly about what options they offer to people in terms of activities. There is a lack of imagination."

The lack of a person-centred approach was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although some people living at Rainscombe Bungalow were non-verbal, there was little evidence of alternative forms of information in the service. The manager showed us a folder which contained templates for pictorial communication, but this was not person or service-specific and not readily accessible for people.
- Some people had pictorial care plans in their hard copy care plans, but again, there was little evidence

that people had access to these or their electronic care plans, or had been involved in them. A professional told us, "I've not seen any easy-ready information anywhere in the service."
● There was some information available in a way people would understand however. This included the minutes of the house meetings and activity planners displayed in people's rooms. Some people used adapted Makaton (a form of sign language) to communicate with staff.

The lack of providing information in a way that was relevant to people was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support
● People had end of life care plan templates in place although none were completed to a great extent. Most recorded whether the person had a 'do not resuscitate' or ReSPECT recommendations in place, rather than specific details around a person's particular wishes at the end of their life.
● People had care plans which recorded essential information about them to enable staff to care for them in the most appropriate way. This included signs to recognise if one person was developing a chest infection or guidance for staff should someone with epilepsy suffer a seizure. A relative told us, "Staff understand [person's name] as an individual" and a professional said, "[Person's name] has very complex needs and staff seem to adapt to that."
● People's care plans contained their background history which helped staff get to know them. A staff member said, "We read care plans and observe people (to get to know them)."
● The service used mainly long-standing permanent staff which meant people could establish relationships with staff and as such staff got to know people, their individuality and specific needs.

Improving care quality in response to complaints or concerns
● There was a complaints procedure in place which explained what people could expect if they were concerned or unhappy about any aspect of the care provided.
● No complaints had been received at the service and relatives told us they felt they would feel comfortable speaking to staff if they were unhappy about anything. A relative said, "I have no concerns or issues. If I did, I would let them know straight away."
● The service had received compliments. We read of professionals giving positive feedback in relation to the service and the care people received.

Requires Improvement

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture may not always support the delivery of high-quality, person-centred care.

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

- Although people and staff clearly had good relationships, staff had not yet started working in line with the Right support, right care, right culture guidance. The provider's supporting manager told us training seminars were being held for managers to work through the requirements of the guidance. Training would be completed by the end of April 2023 and cascaded down to all staff. This meant at present, people may not be exposed to all of the opportunities open to them, especially with learning daily life skills or going out in the evening.
- In addition, a Health and Care Act requirement, introduced in July 2022, for all staff to receive training in learning disability and autism had only just started to be rolled out to staff.
- Although we observed staff treated people in a respectful manner, we noted there were no curtains or blinds at people's bedroom windows. Despite the service being in a remote location, this had the potential of leaving people feeling exposed and vulnerable. Staff told us curtains had been taken down 7 months ago when some redecoration had been carried out, but had yet to be replaced. They told us that despite raising this with the provider, no action had been taken to date. We raised this with the provider's supporting manager. Following our inspection they told us blinds would be placed at people's windows mid-May 2023.

We recommend the provider demonstrates a person-centred and respectful approach towards people at all times.

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

- Registered services are required to notify CQC of accidents, incidents or safeguarding concerns. We were made aware of 2 safeguarding concerns that had been raised about the service in May and October 2022. Although both had been reported to and investigated by the local authority safeguarding team, neither had been notified to CQC. Upon review of accidents and incidents and records we held about the service however, we found all other notifications has been received appropriately.
- Audits were carried out at the service to monitor its safety and quality. We saw that fire alarm systems were checked and fire equipment maintained.
- The manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. For the example, the safeguarding concerns had been fully investigated and responded to.

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

● Staff said they enjoyed their job and felt supported and valued by management. They told us they had regular staff meetings in which they felt confident to speak up and felt listened to.

● Regular house meetings were held with people and staff were currently discussing plans for a holiday this year.

● Managers meetings were held where managers from several of the provider's services came together. We had recently inspected one of the provider's other services and saw from the minutes of the manager's meeting that learning from this inspection was shared, discussed and an action plan developed.

Continuous learning and improving care; Working in partnership with others

● The provider's supporting manager shared an action plan with us demonstrating the providers commitment to introduce Right support, right care, right culture guidance to managers and staff as well as the required training in learning disability and autism. Staff told us there was a commitment across the board to improve people's opportunities and help create more meaningful lives for them.

● Staff worked with healthcare professionals in relation to people's care. For example, the GP and psychiatric team. A professional told us, "I don't have contact from them between my visits, but I am sure someone would notify me if any of them had a fall."

● Management were part of the Surrey Care Association which was a useful source of guidance, learning and peer information exchange.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensure they provided a person-centred approach towards people.