Care Quality Commission

Mitchell's Care Homes Limited

Rainscombe House

Inspection report

Rainscombe Farm
Downlands Lane
Smallfield
Surrey
RH6 9SB

Tel: 01342 844772
Website: www.mch.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Rainscombe House is a residential home which provides care and accommodation for up to three adults with moderate learning difficulties, autism and display behaviours that may challenge others. The home, which is set over two floors, is located in extensive farm grounds. There is a dining and lounge area on the ground floor, kitchen and a level garden to the rear of the building. On the day of our inspection three people were living in the home.

This inspection took place on 24 November 2014 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. 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

Summary of findings

and associated Regulations about how the service is run. Staff had written information about risks to people and how to manage these. We found the registered manager needed to consider additional risks to people in relation to bathing as changes had not always been reflected in peoples care plans.

The provider did not have the processes in place to safeguard people's finances.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff said they would report any concerns to the registered manager. They knew most types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns however they were unclear what to do where financial abuse was suspected

Care was provided to people by a sufficient number of staff who were appropriately trained. Staff were seen to support people to keep them safe. People did not have to wait to be assisted.

People who may harm themselves or other's behaviour that challenged had improved since being at the home and the number of staff on duty were adequate for their individual needs.

Processes were in place in relation to the correct storage and audit of people's medicines. All of the medicines were administered and disposed of in a safe way.

The Care Quality commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People took part in community activity on a daily basis; for example trips to the shops. The choice of activities was specific to each person and had been identified through the assessment process and the regular house meetings held.

People had an individual care plans, detailing the support they needed and how they wanted this to be provided. We read staff ensured people had access to healthcare professionals when needed. For example, the doctor or optician.

The registered manager told us how they were involved in the day to day running of the home People felt the management of the home was approachable.

Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

The home had a satisfactory system of auditing in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. We found that the registered manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, and decided if any actions were required to make sure improvements to practice were being made.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe.

People's views were obtained by holding residents meetings and sending out an annual satisfaction surveys.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not clear about all types of abuse and what they should do in response to specific concerns raised. Staff were aware of the safeguarding adults procedures.

Medicines were managed safely and administered to people when needed.

There were enough staff employed to meet the needs of people and help keep them safe Staff were recruited safely and the appropriate checks undertaken.

Written plans were in place to manage risks to people which staff knew and followed to help keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of, and followed the requirements of the Mental Capacity Act 2005. However best interest decision had not always been documented accurately.

Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs.

Summary of findings

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered provider did not maintain appropriate documents in relation to people's personal finances.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Rainscombe House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 November 2014 and was unannounced. The inspection team consisted of two inspectors.

We did not ask the provider to complete a Provider Information return (PIR) as our inspection was in response to concerns raised. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns.

The local authority had expressed concerns about how finances for people who lacked capacity were managed by the provider which we looked into when we inspected the service. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person, two relatives, two members of staff and the registered manager. We spent time observing care and support being provided. We read three people's care plans and other records which related to the management of the service such as training records and policies and procedures.

We last inspected Rainscombe House in October 2013. At that inspection we found the service was meeting all the essential standards we assessed.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe and did not have any concerns. One relative said "They do great work" and "I'm sure my relative feels safe because the incidents of behaviour that challenges other has decreased."

One member of staff told us they knew about the local authority safeguarding procedures and said, "I would report anything to the registered manager if needed or go higher up." Staff did not have a clear understanding about all types of abuse were unsure about their responsibilities about concerns raised in relation to peoples finances.

People were not always protected from the risk of financial abuse as there was no clear record kept of their individual finances. The registered manager did not conduct regular audits of peoples finances. Staff had received safeguarding training and knew about the services policies and local authority procedures.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had received information from the local authority about the management of people's finances and have followed up these concerns with the registered provider.

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with people during the day and saw that when one person became agitated, staff followed guidance as described in the person's care plan and responded to this by speaking calmly to them which defused the situation.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as horse drawn buggy riding, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The registered manager said one person's behaviour that challenged others had improved and their risk assessments needed to be reviewed as this person no longer needed constant one to one supervision. The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken.

They were safe procedures in place for the administration and storage of prescribed medicines. We looked at medication administration records (MAR) and audit checks undertaken by the local pharmacy and observed staff administering medicines to one person. Staff explained what the medicines were to people and signed the correct entry on the MAR chart. Three people were prescribed as required (PRN) medicines. MAR charts reflected when people had received these medicines and recorded the reason why they had been administered. For example one person had exhibited highly anxious behaviour and the guidelines from the community mental health team were to administer the medicine to help reduce the level of anxiety and distress the person was experiencing. Staff administered the medicine as directed and this showed us that people had received their medicines as prescribed and that staff managed medicines appropriately.

The registered manager told us that staffing levels were determined based on people's needs. Their dependency levels were assessed and staffing allocated according to their individual needs; For example, one person received one to one support and supervision. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people and that extra staff were employed by the provider when necessary. Staff told us they felt there were enough staff to meet people's needs.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The premises were a safe environment for people. Radiators were covered to protect people from burns; upper floor windows had window restrictors to protect people from falls and people's bedrooms contained safety

Requires Improvement

Is the service safe?

furniture which was secured to the walls where appropriate. We saw fire equipment and emergency lighting were in place and fire escapes were clear of obstructions.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned the property directly next door and that should the need arise people would be taken there if needed. Staff confirmed to us what they were to do in an emergency.

Requires Improvement

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. One staff member told us, "I would speak very calmly to this person. I would make sure when we are out the person avoids dogs as this distresses them."

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The registered manager showed us copies of minutes that included issues people had discussed at the monthly 'house meeting' the last one was held in September 2014 issues were discussed such as menu's and trips out.

People were encouraged and supported to be involved in the planning and preparation of their meals. We saw people help prepare their own lunch and have a choice about what and where they wanted to eat. People were able to choose to eat their lunch where they wanted and second helpings were offered. People's weight was monitored on a regular basis and each person had a nutritional profile which included their food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menu's had been sent to the dietician and signed off by them as a balanced diet.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 and aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw evidence of one DoLS authorisation which related one person at Rainscombe House. This shows the correct procedures had been followed for the provision of accommodation for the person who lacked capacity to make the decision or choice about where they lived.

The registered manager told us mental capacity assessments had been undertaken for everyone and included assessments for the decision on people's annual flu jab and consent to care however best interest forms had not been signed by the person that had made the final decision. For example, a GP had given the clinical advice/ decision. We read one person who lacked capacity to agree to treatment was taken to hospital to have a tooth extraction under general anaesthetic. There was no clear evidence of who had made that decision or why the procedure had been deemed necessary. This meant that the registered manager had not obtained or acted in accordance with the consent of people, or had completed documentation for establishing and acting in accordance with best interests of people. This is a breach of Regulation 18 of of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent was sought and used in the delivery of routine care and daily living. We heard after lunch staff ask people if they would like to go out for a ride in the minibus; or stay indoors for the afternoon.

Staff received a robust training programme which included how to support people in a safe and dignified manner who may harm themselves or others. Staff had access to a range of other training which included MCA, DoLs and manual handling. The training plan showed that all staff were up to date with training. Training included a four week course provided by the specialist behaviour team in how to support someone who has behaviours that challenge others. This meant staff developed essential skills to provide the appropriate support in a positive and constructive way.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The registered manager held regular supervision sessions with staff which looked at their individual training and development needs. One staff member told us about their induction training. They said they had received a good induction when they first started working at the home and that training had been on going. They said, "The registered manager is really supportive."

Care plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had a vitamin D deficiency. We saw that the care plan had been amended to reflect the change of medication needed to rectify the vitamin deficiency.

Good

Is the service caring?

Our findings

Relatives told us staff were kind, caring and, "Go the extra mile." They said staff kept them informed of any changes to the health, welfare and safety of their family member.

We observed staff interaction with people. Staff were attentive, caring and supportive towards people. One person kept 'rushing' towards the kitchen bin and we saw staff distract this person and speak calmly to them. Staff were able to describe to us the person's needs and showed awareness of the anxiety the person was experiencing and the ability to support the person during this time.

Staff gave good examples of how they would provide dignity and privacy by closing bathrooms doors and covering people up when supporting someone who needed personal care. They told us how they now had tinted windows on their car to protect the dignity of people who may display behaviours that may be inappropriate in public. They said by doing this it promoted the person's dignity and allowed them to continue to access community activities which was beneficial to them.

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the day. The registered manager was knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the registered manager and staff regularly ask people how they were.

People's preferences and opinions were respected. Staff told us they reviewed peoples care plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Care plans had been signed by either people who used the service or their relative. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings.

The registered manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language. All care plans were in an easy read pictorial format.

People were appropriately dressed and presented. For example, with appropriate clothes that fitted them and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person told us "I chose this top today".

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Staff told us that relatives visit frequently and that the home has no limitations on visits. They told us that one person regularly goes home at the weekend. Care staff said that this helped the person maintain close contact with their family. One relative told us "I visit often, and am always welcomed."

Good

Is the service responsive?

Our findings

One relative told us “We are extremely satisfied with their care.”

People who lived at Rainscombe House had complex health and behaviour needs which impacted on some decisions about their care, treatment or how they lived their daily lives. Records we viewed and discussions with the registered manager demonstrated a full assessment of people’s needs had been carried out before people had moved into the service. Relatives we spoke to confirmed they had been involved in the pre admission assessment process.

Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person’s daily records stated they regularly spent weekends at home with their family. Another person’s daily records described how they had attended sensory sessions and the positive impact this had on them.

Care plans comprised of various sections most of which were in a pictorial format and which recorded people’s choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person’s personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals. For example, one person’s behaviour monitoring plan had been reviewed monthly for the previous six months and showed an improvement in the behaviour that challenged others.

Staff ensured that people’s preferences about their care were met. One staff member told us, “It’s important I know the person really well, that way I can pick up on cues – good or bad” and, “It helps in meeting the person’s needs.”

There were activities on offer each day and an individualised activity schedule for each person. Horse pulled buggy riding was on offer on the day we visited and we saw all people go out to participate in this activity. One person’s activity log for November listed they had been out 20 times for a minibus journey, shopping, attended sensory groups, had two meals out at a restaurant and listened to a music group.

People’s health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

There had been no formal complaints made by people or their relatives within the last year. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. Relatives we spoke to confirmed that they had not needed to raise any complaints as the registered manager was approachable and they could openly discuss issues when needed.

The registered manager showed us customer satisfaction pictorial questionnaires that people had completed in April 2014; all of which showed positive comments. They explained to us that the staff had supported peoples individually to fill them in. Relatives had also been sent questionnaires in May 2014 one response by email stated: ‘Altogether I was very pleased to see my relative in such good hands, in a lovely home and already seeming to begin to settle. Also very pleased that they are not isolated’. The staff survey sent in April 2014 had comments such as ‘I give a 100% to the home and people who live here’ and ‘people have a good quality of life.'

Requires Improvement

Is the service well-led?

Our findings

Staff were positive about the management of Rainscombe House. One staff member told us, "I feel supported, he is a good manager and he does his job properly." Relatives told us that "The manager is very helpful."

The registered provider did not maintain the appropriate documents in relation to people's finances, and the registered manager had not questioned this practice to ensure a robust auditing process and best practice guidance was being followed.

We observed members of the staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager; even if this was to challenge or report poor practice. They felt they would be taken seriously by the registered manager. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

The registered manager told us they gathered views from staff, people and relatives by conducting an annual satisfaction survey. This was carried out in April 2014.

Feedback was positive with one relative commenting, "Great work and thank you to everyone." Staff feedback included, "I give 100 % to the service" and, "People have a good quality of life."

The registered manager carried out daily quality and safety audits. These included checks of care plans, the environment, fire safety and the minibus. We saw a copy of the latest pharmacy inspection which had identified no concerns in medicines management, administration storage and disposing. However they had not undertaken audits of peoples finances to ensure people were protected against financial abuse.

Regular checks of the building were undertaken such as fire, gas safety, water temperatures and daily minibus checks to help keep people safe. Each person had an up to date personal evacuation plan (PEP) in case of an emergency, such as a fire and safety checks which included portable appliance testing (PAT) and legionella risk assessment were up to date.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. One staff member said "We would take people next door where they would be safe." The staff explained the provider owned a building net door which staff could use if events occurred that stopped the service from running.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from the risk of financial abuse as there was no clear record kept of their individual finances.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and provider had not obtained or acted in accordance with the consent of people, or had completed documentation for establishing and acting in accordance with best interests of people.