

Rayners (Extra Care Home) Limited

# Rayners Residential Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

Rayners Residential Care Home provides accommodation and support for older people. The service can accommodate up to forty five older people. At the time of our inspection forty three people were using the service, with one in hospital.

Rayners Residential Care Home has two registered managers in place. 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.

# Summary of findings

The inspection was unannounced and undertaken by one inspector on the 10 and 11 December 2014.

People living in the home, relatives and visitors to the home found the staff to be very caring, kind and compassionate. Comments included “It’s friendly, the food is great and they are very caring.” “They respect my wishes. I was asked if I would be happy for a male carer to support me with personal care. I said no I wouldn’t, they wrote it down in my care plan and they respect my wishes.”

A visiting health professional said “I feel the service is safe. They are very well organised and the home is welcoming, there’s a very nice atmosphere. I would certainly recommend this home to my mother or father.” A visitor told us “There’s always someone around if you need them. The staff are always presentable, they never grumble and they are very caring. They couldn’t be kinder. It’s a wonderful home for (named friend) to be.”

The care provided was personalised to meet people’s individual needs within a warm homely atmosphere. Staff understood the needs of the people living in the home and were committed to improving people’s quality of life. They provided care and support with kindness and compassion. People were cared for and supported by a dedicated caring team led by managers who were proactive in continually looking at ways of improving people’s experience of care and further developing the service in their best interests.

People’s care and support was planned with their safety and welfare in mind, both within the home and in the

wider community. People and relatives we spoke with told us they felt safe and knew who to speak to if they had any concerns. Staff understood their duty of care and responsibilities regarding safeguarding people from harm and knew what to do and who to report to if there were any instances or allegations of abuse.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how it related to people living in the home. The MCA sets out what must be done to ensure the human rights of people, who may lack capacity to make decisions, are protected. People’s rights were protected because staff were trained to understand this.

Medication was administered and stored safely by staff who had been trained so they knew how to handle medicines safely. They only administered people’s medicines once they had been assessed as competent to do so.

We found the service to be well-led by registered managers who were committed to provide a high quality of care in which people’s needs and preferences remain the focus on care delivery. They had an open door policy and were available to meet with people and/or relatives when they required.

There was a varied choice of activities people could take part in if they wished to. These included activities arranged both within the home and within the wider community. Staff took care to support people and celebrate with them and their families any achievements and special occasions, which meant a lot to them.

# 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?

The service was safe.

People's care and support was planned with their safety and welfare in mind, both within the home and in the wider community. Staff were clear about the procedures to follow if they had concerns regarding people's health, safety and welfare.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm and were confident to use the whistle blowing procedure to highlight poor care practices.

The staff team had the knowledge, skills and competencies to meet people's individual needs.

Good



### Is the service effective?

The service was effective.

Staff followed the provisions of the Mental Capacity Act 2005 to ensure Where people lacked the mental capacity to make decisions any decisions were made in people's best interests

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Staff supervision and appraisal systems were in place to monitor their work and identify any personal development needs.

Staff worked jointly with other health care professionals to meet people's needs in the most appropriate way.

Good



### Is the service caring?

The service was caring.

Staff supported people in a caring, compassionate and respectful manner. They were familiar with people's needs and supported people according to their wishes and preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Staff knew the people they cared for well, had built up positive meaningful relationships with them and went out of their way to support them to do things that meant a lot to them.

Good



### Is the service responsive?

The service was responsive.

People and those who matter to them were consulted with about their care and support needs and were involved in the development and reviews of their care and support plans.

People were supported to follow their interests and take part in social activities both within the home and in the local community.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was an open culture within the home and the provider encouraged people to provide feedback on the care and services people received. This enabled them to make improvements to areas which mattered to people living in the home.

Staff felt well supported by the management team and were confident that any issues raised would be dealt with.

The management had systems in place to assess and monitor the quality of the services and implement changes where improvements could be made.

Good



# Rayners Residential 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 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.’

We undertook an unannounced inspection of Rayners Residential Care Home on 10 and 11 November 2014. The inspection was undertaken by one inspector.

At our last inspection on 09 August 2013 the service met all the regulations we inspected.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information provided within the PIR and information the Commission holds about the service. We noted the provider always notified us of any important

events that affect people’s health, safety and welfare as they are required to do under the Health and Social Care Act 2008. The notifications were received in a timely manner and provided information on any actions they were taking to ensure the health, safety and welfare of people who used the service.

During the inspection we spoke with the registered managers, ten people who were using the service, one visiting relative, two visitors and a visiting physiotherapist. We spoke with six staff and case tracked and reviewed care records for four people using the service. We also reviewed a range of policies and procedures, a selection of quality audits, actions plans and reviewed the staff training and worked rotas. Over the course of the two days we observed the care and support people received and the interactions between the staff and those they supported.

Prior to the inspection we contacted three health care professionals, by email, who had knowledge of the home and supported people using the service. However, at the time of writing this report we had only received feedback from one.

# Is the service safe?

## Our findings

People told us they felt safe living at Rayners Residential Care Home and staff treated them well. They told us they would raise any concerns with staff if they had any. They told us they had call bells if they had any unexpected falls or accidents which were answered quickly. One person said “I feel safe here, I am getting excellent care and if I wasn’t happy I would tell (named carer). I have no complaints.” A relative and two visitors told us they felt their family member/friend were kept safe and received safe care. They each felt confident to approach staff and raise any concerns if they needed to.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with staff, it was evident they were knowledgeable about what constituted abuse. They knew how to deal with any incidents, suspicions or allegations of abuse and who to report them to. Staff told us they received safeguarding training during their induction and regularly thereafter. We saw a copy of the training matrix which verified this and evidence of further training booked for November 2015.

Staff had access to policies and procedures to guide them on how to deal with any allegations or suspicions of abuse. Information about referring any allegations or incidences of abuse to the local authority was displayed on the staff noticeboard. In addition, our records confirmed that the managers had followed the locally agreed procedures for notifying the local authority of any potential incidents, suspicions. They worked collaboratively with them to safeguard and protect the welfare of people who used the service.

Staff were familiar with the whistle blowing policy and knew they would be protected if they raised any allegations of poor practice to their line manager.

Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures in a safe manner. Medicine administration records were kept up to date and showed people received their medicines as had been prescribed by their GP.

Systems were in place to regularly audit medicines within the home to ensure they were managed safely and in line with the homes policies and procedures. Where any

concerns were highlighted, actions were taken. These were discussed with staff, the GP and where necessary the pharmacy to prevent a reoccurrence and maintain people’s health and welfare. Processes were in place to enable people to continue to keep and administer their own medicines where they expressed a wish to do so. Where people maintained independence in relation to taking their medication this had been discussed and agreed within a risk management process. People who self administered their medicines were provided with lockable facilities in which to store their medicines safely.

People were involved in decisions about any risks to their health and welfare and the management of these. This ensured people’s care and support was planned with their safety and welfare in mind, both within the home and in the wider community. For example appropriate referrals were made to access equipment to enable people to maintain independence and mobilise safely in and around the home.

We saw risk assessments within people’s Care plans were regularly reviewed and updated to reflect any changes so they remained up to date with guidelines in place for staff to follow. These included any risks in relation to moving and handling, nutrition and hydration, pressure area care and medication. People had been provided with the equipment they needed to meet their needs. These included hoists, profiling beds, pressure relieving mattresses, walking frames, wheelchairs and grab rails

Accidents and incidents were recorded appropriately and a copy held in people’s individual care files. We read a sample of accident/incident reports which showed staff had taken appropriate action in response to them, such as calling for an ambulance, gaining advice from the GP and other healthcare professionals and informing the next of kin. One relative told us of an accident in which their relative had a fall. They told us the home contacted them immediately and had taken appropriate actions to ensure their health and welfare

People told us they felt there were always enough staff available to meet their needs both during the day and night and had no concerns in this area. We were informed the staffing levels were worked out according to people’s needs and individual dependency levels which were reviewed regularly. We observed there were sufficient staff to meet people’s needs throughout our inspection.

## Is the service safe?

Arrangements were in place for responding to emergencies. For example, we saw that personal emergency evacuation plans were completed for each person who lived in the

home. These informed staff how people were to be evacuated in the case of an emergency such as fire. These were reviewed regularly to ensure they remained up to date and any changes had been documented.

# Is the service caring?

## Our findings

People we spoke with and their families told us they were happy with the care and support provided at Rayners Residential Care Home. One person told us “I can’t think of anywhere else they would look after you better.” Another who lived in the home told us “the staff are always happy and smiling, nothing is too much trouble. A couple of weeks ago I couldn’t hold any food down, they were very caring and would do anything, they are very good.” A relative told us “the staff look after [named relative] well... I think they [the staff] have a very good rapport with the residents, I often see them holding people’s hands whilst talking to them. If I went down that road tomorrow I would be happy here, I can’t say more than that.”

Staff were very compassionate about the people they cared for. One member of staff told us they enjoyed working with older people and how important it was to build up relationships with them and get to know them well. We saw staff had built up a good rapport with the people living in the home in an extremely caring way, which extended to their relatives and visitors too. We were informed of a recent event in which staff had supported an individual to celebrate an occasion in which they were recognised for the work they had done in their previous working life. In discussion with the person, it was evident that the event meant a lot to the individual and staff had gone out of their way to make arrangements so they could support them to attend the ceremony and presentation. On return to the home staff celebrated the event with everybody in the home. Similarly, whenever people had a birthday, it was celebrated with everybody living in the home and extended to visitors and relatives too. This showed staff recognised and celebrated important events in people’s lives in an inclusive, compassionate and caring way.

People were given appropriate information about the home and the facilities that were available to them when they came to live at Rayners Residential Care Home. We saw a copy of the home’s brochure readily available in the reception area. Information was also available about advocacy services which people could access if they needed to. Advocacy services are independent and provide people with support to enable them to make informed choices and decisions. None of the people living in the home were in receipt of these services at the time of the inspection.

Throughout our visit we saw staff interacting with people in a kind, caring manner. We heard them speak with people politely and respectfully and calling them by their preferred name. Staff showed patience and encouragement when supporting people, had a good understanding of people’s needs and knew them well. We noted staff took time to sit with people spending quality one to one time with them and engaging in conversation. There was a lot of laughter and two way banter between them.

People told us their privacy and dignity was respected when staff supported them. One person said “they always knock on the door and wait for a response before coming in.” They further added that the staff always assisted them to the bathroom and respected their privacy and dignity. They told us if they needed staff to assist them with anything they used the call bell to call for assistance. Other examples given from people who lived in the home included personal care being undertaken behind closed doors with the curtains closed when appropriate and respecting people’s wishes in relation to the gender of carer.

People’s care plans contained information in relation to people’s wishes about end of life and resuscitation. These had been discussed with their GP and where people were unable to give consent to their care and treatment, best interests decisions had been made with relevant others. Documentation within their files informed staff who they wished to be involved in their end of life care and any arrangements they wished to be carried out. Whilst there was no one receiving end of life care, we were informed the home had access to support from the Ian Rennie and Macmillan nurses for people’s end of life care if required.

People were given choices in relation as to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat.

People who lived in the home told us how nice the staff were and always welcomed visitors. One person told us “I had two expected and two unexpected guests recently. The staff were very good and set up a table for us all to have afternoon tea together.” This showed staff were thoughtful and caring in supporting people to entertain their visitors as they would have done in their own home before they came to live at Rayners Residential Care Home.



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# Is the service responsive?

## Our findings

Documentation within people's care files showed their needs had been assessed prior to them moving into the home. This enabled people to discuss their health, social and personal care needs and ensured both parties were confident their needs could be met appropriately. The information was then used to develop an initial care plan which set out the care and support they needed in a personalised way. This meant staff were informed of people's needs and the level of support they required to meet them. People told us they were consulted in the care planning and review process and involved in making decisions about their care and support.

People's care and support was planned and reviewed proactively with their involvement. We looked at four people's care plans in detail. Care plans had taken into account people's individual wishes and preferences in the way they wished their care and support to be provided. Care plans had been regularly reviewed in consultation with the person, their representatives and their key worker to ensure it was up to date and met their needs accordingly. Where any changing care needs were identified they had been documented in their care plan and communicated to the staff team.

People's life histories had been documented and completed with them. These provided staff with a picture of the person's life history, their hobbies and interests and family connections. People told us they were supported to follow their interests and take part in social activities both within the home and outings in the community. Activities were provided in a group setting and on a one to one basis for those who preferred. They included reminiscence, card games, film shows, arts and craft, board games and seated exercises.

We looked at the minutes of the last residents meeting held in October 2014 which were chaired by a person who lived in the home. Areas of discussion had included a recent party organised by a local community group which some people had been supported to attend. Discussions around the Christmas festivities and party and people's views about arranging an outing to a Christmas pantomime at the local theatre.

People were encouraged and supported to maintain their friendships and connections in the local community. For example, some people had been invited and supported to attend an annual dinner for war heroes at the local Naval Association. Similarly, we saw photographs of an occasion when staff supported people to attend ceremonies and presentations further afield which recognised their previous work achievements. This showed staff recognised people's histories and what they meant to them.

There was a visiting manicurist, hairdresser, dentist, optician and podiatrist who people could make appointments with if they required such services. There was also a local vicar who visited the home to provide religious services for those who wanted to take part.

Everyone we spoke with told us they would be confident speaking to one of the managers or a member of staff if they had any complaints or concerns. Comments included "If I wasn't happy about something I would tell the manager. But I have no need to everything is pretty good."

There was a formal complaints procedure which outlined how complaints would be managed and provided timescales in which people could expect their complaint to be investigated and responded to. There was also a dedicated confidential telephone line which people could use to make a complaint and could be raised anonymously if they preferred. We were informed people generally raised any concerns informally with the staff or at the regular resident committee meetings and they were dealt with before they became an issue and subsequently a formal complaint.

Staff were clear about their responsibilities to support people to make a complaint and knew the procedure they were to take to report them on to the complaints manager where the issue could not be solved there and then. One relative told us of an occasion in which they had raised a complaint about an individual member of staff. They told us a meeting was held which included the said carer and all was sorted to their satisfaction. They told they had been very impressed and satisfied in the way in which it had been dealt with and the actions taken in response to their concerns. Another relative told us "We have never had to complain about anything, we have raised concerns in the beginning regarding [named relative] settling in and extra help. They dealt with it to our total satisfaction."

# Is the service well-led?

## Our findings

There was a clear management structure within the home. They were supported by a senior management team all of who had responsibilities for different areas of the home and clear lines of responsibility and accountability. They understood and met their legal obligations including notifying the Commission of all significant events in a timely manner.

The registered managers were very much involved in the provision of the day to day care provided. This was through talking to people and their relatives, speaking with staff and observing their practices and one of the registered managers spending time 'hands on' alongside staff. This meant any issues raised or observed could be dealt with immediately.

People we spoke with, including relatives and visitors to the home told us the registered managers were clearly visible within the home and both the management team and staff were very approachable. They said there was an 'open door' policy and they could speak to the registered managers or a member of the senior management team at any time, without the need to book an appointment. Staff we spoke with told us they felt well supported by the management team and were confident that any issues raised would be dealt with. One carer told us "I am very happy working here, we work really well together as a team. They added that the registered managers were very supportive, always asked them if they were happy and listened to their views which they said "makes me feel supported and valued."

There was an open culture within the home and the providers were keen to receive feedback on the care and services people received. These were sought on a day to day basis through general discussions and through regular monthly reviews of people's care. Questionnaires and monthly resident meetings were also another means which provided people with an opportunity to give feedback on the service they received and raise any suggestions where improvements could be made.

An annual quality assurance questionnaire was sent to people who lived in the home and their families in February 2014. The results of these were collated and showed that 68% rated the overall service as 'excellent' and 32% as very good. We saw that people's ideas and suggestions were

acted upon where possible. For example, a suggestion had been made to upgrade people's curtains and bedspreads. The home acted upon the suggestion and in May 2014 upgraded all the bedrooms with new matching curtains, tie backs and bedspreads. A letter of thanks was received and placed on the home's website which informed 'I am writing to you to thank you for the lovely new brass fittings, new curtains and matching bedspreads. They mean so much to people like me who have to leave their homes and go to different surroundings in their old age. You have made it much easier for us. So many, many thanks and may the happiness at Rayners continue for a long time for the residents and their families.'

We saw potential areas of risk had been identified in each person's care plan. These included how to manage the risk and were kept updated to make sure the information was accurate and reflected people's needs.

.Any accidents or incidents which required the provider to notify the Care Quality Commission were attended to in a timely manner. Accidents and incidents were audited on a monthly basis . This enabled the provider to look for any trends or indicators in which improvements in the service provision could be made.

The registered manager told us they and their team of staff were committed to deliver a high level service which put people at the centre of their care and support. Discussions with staff showed they were committed to deliver such a service and placing people at the centre of their care and support. Staff told us the management team were open to suggestions and encouraged them to share their views at regular staff meetings and during their supervisions.

Systems were in place to monitor the quality of care provided. These included inviting people to a monthly review of their care and support to ensure they were receiving care and support to their expectations. Monthly residents meetings were held which were chaired by a person who lived in the home. These were a means in which people could raise any concerns or areas in which they feel improvements could be made and were a means in which to inform people of . These were documented and made available to people who chose not to attend.

The registered manager undertook regular audits to monitor and assess the service provided and to acknowledge if there were any shortfalls and where any improvements could be made. . These included auditing

## Is the service well-led?

staff training to assure staff were up to date with their skills and knowledge and accidents and incidents, complaints

and monthly medication audits. Where any shortfalls were found an action plan was put into place to address them within a specified timescale to improve the level of service people received.