

The Reynard Care and Support Agency Limited

# The Reynard Care & Support Agency

## 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 ●

# Summary of findings

## Overall summary

The inspection for The Reynard Care and Support Agency took place on the 19 and 20 November 2018. The inspection was announced. We gave the provider 48 hours' notice because we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to speak with people receiving the service.

Reynard's Care and Support Agency is registered to provide personal care to people in their own homes. Currently they provide support exclusively to learners at what was, the independent college Foxes Academy based on the seafront in Minehead. In September 2017 Foxes Academy and Reynard's Care and Support Agency was bought by Aurora and now, although they are both independent of each other they do form part of the Aurora Group. Foxes Academy is a specialist catering college and training hotel for young adults with learning disabilities. (Rated as Outstanding when inspected by Ofsted in September 2018.) Foxes emphasises the importance of learners developing independence whilst at the college and progressing into work or further training.

This inspection focused only on the care and support delivered by Reynard's Care and Support Agency, and not any of the work delivered by Foxes Academy, which is not regulated by CQC.

Staff at Reynard's Care and Support Agency work in partnership with the teaching and residential staff to enable learners to maximise their potential and obtain maximum benefit from the time they spend at Foxes. Reynard's care and support staff help with people's daily personal care routines, support them if they became unwell and promote healthy living by assisting people to manage their own health.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

### Why the service is rated good

People and their relatives told us they trusted staff and felt safe when staff came to their house to support them. One person told us, "Yes, I am with people who are looking out for me". Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. Systems were in place to identify and reduce the risks to people living in the home. People's care plans included risk assessments. These documents provided staff with a clear description of any risks and guidance on the support people needed to manage these risks.

There were enough staff available to meet people's needs and to keep them safe. A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Policies and procedures were available for staff. Staff had competency checks and training provided on induction. People were protected by staff who followed good infection control practices and staff knew the reporting process for any accidents or incidents.

The provider had appropriate systems in place to assess people's needs and choices. There were copies of pre-admission assessments on people's files. People said the staff were well trained and that they did a good job. The new provider, Aurora had an extensive training programme. Training was delivered using methods such as face to face and on-line learning.

Staff had regular one to one supervision and we saw annual appraisals in staff files.

Staff worked successfully with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, chiropodists, dentists, diabetic nurses, and epilepsy nurses to provide additional support when required.

People had their needs assessed before they were accepted into the service. The provider sought consent to care and treatment in line with legislation and guidance. People told us they were involved and discussed their care and support needs with staff. Staff encouraged people to be as independent as they could be without disempowering people. People kept their support plans in their rooms and staff had made sure they were clearly set out and easy to read.

There was a registered manager in post. The leadership was visible, accessible and gave clear lines of responsibility and accountability. There were effective quality assurance arrangements in place to raise standards and drive improvements. Complaints procedures were available to people and their relatives and regular surveys were sent out to allow people to feedback their views on the service overall.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# The Reynard Care & Support Agency

## **Detailed findings**

### Background to this inspection

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

This inspection was announced and took place on 19 and 20 November 2018. We gave the provider short notice of the inspection as we needed to make sure they were available so that we could access records, talk to staff and gain permission from people who used the agency to visit or talk to them.

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 looked at the information in the PIR and looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection, we spoke with the nominated individual, the registered manager, the deputy manager and three support workers. We spoke with four people on the phone who received personal care, and we spoke with four members of their family who were closely involved in their care and support. We also visited six people in their own homes. After the inspection, we contacted five health and social care professionals to seek their views on the service. None of them responded.

We looked at records relevant to the management of the service. These included ten care plans. We

reviewed risk management plans, health and safety records, complaint and incident reports, three staff recruitment files, training records, medicine management records, and performance monitoring reports.

# Is the service safe?

## Our findings

Reynard's staff communicated and co-operated with the house and education staff to protect people from bullying, harassment and avoidable harm. People and their relatives told us they trusted staff and felt safe when staff came to their house to support them. One person told us, "Yes, the house makes me feel safe and the staff help me to be safe, I have my own key to my room and we do safeguarding." Another person said, "Yes, I am with people who are looking out for me". One relative told us when asked if their relative was kept safe, "Yes I do, because they can use the key and no one can get in unless you ring the bell and the staff let you in."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

There was a small team of staff which people said they knew well. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. Although it was mainly the Academy staff that raised any identified safeguarding alerts with the local authority, the registered manager and deputy manager were both aware of their responsibility to liaise with the local authority if safeguarding concerns regarding personal care were raised.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included risk assessments. These documents provided staff with a clear description of any risks and guidance on the support people needed to manage these risks. However, we did find three care plans where staff had identified risks to people, for example one person had a nut allergy, one person had asthma and one person had an allergy to aspirin. Staff had not completed a risk assessment for these people, although when we spoke to staff they did understand the support people needed to minimise the risks. We discussed this with the registered manager who assured us they would complete the risk assessment immediately. The registered manager sent the updated risk assessment to us after the inspection date as agreed.

People told us and we could see for ourselves that there were enough staff available to meet people's needs and to keep them safe. This was confirmed in discussion with relative's and people on the day of the inspection. One person said, "Yes I see them all every week". They added each staff members name. Another person said, "Sometimes they don't come but that's if they are sick and they tell us". One relative told us, "Yes I haven't seen any situations where there wasn't enough staff." Another relative said, "From what I have seen yes they do a very good job."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, were being obtained, stored, administered and disposed of appropriately. Regular checks of

people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management, including the use of pain scales to identify severity of pain.

The pharmacy had undertaken an advisory audit recently. No major issues were identified but some areas for improvement had been suggested. We saw that improvements had been put in place as a result, and further improvements planned. For example, the provider had pre-booked refreshment training for all staff in medicines management.

Policies and procedures were available for staff. Staff had competency checks and training provided on induction. However, there was no system in place for annual review of medicines competencies. We discussed this with the manager and recommended that the provider review their medicines policy and procedures to ensure current best practice guidance is being followed.

People were protected by staff who followed good infection control practices. Staff were provided with personal protective equipment (PPE) such as gloves and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff knew the reporting process for any accidents or incidents. Records showed that where incidents had occurred, the registered manager had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "We have swapped learners in house because they didn't get on". Another staff member said, "We had to change the rotas because a new person had diabetes and our times didn't suit the times they needed to have their insulin". Adding, "We do what is right for people".

## Is the service effective?

### Our findings

The provider had appropriate systems in place to assess people's needs and choices. There were copies of pre-admission assessments on people's files. People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative told us, "Yes undoubtedly, Reynard's staff help with their medical needs." Another relative told us, "As far as I am aware I don't have a lot of contact as I live a long way away but when I ring the manager is very informative."

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. One person said, "The Reynard staff are good, they treat me good".

People said the staff were well trained and that they did a good job. One person said, "Yes they are good staff, they help me take my medication". The new provider, Aurora had an extensive training programme. Training was delivered using methods such as face to face and on-line learning. Staff told us the training they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff told us, "The training I've received since Aurora took us over is really good". Adding, there's so much of it, like safeguarding and mental capacity."

Staff told us they felt supported in their roles by colleagues and the registered manager. Staff had regular one to one supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. We saw annual appraisals and staff told us they had regular team meetings where they discussed as a group any changes to people's care and support needs.

There was a strong emphasis on the importance of people eating and drinking well. Although people prepared and ate meals with their house staff, Reynard's staff did support people to maintain a healthy weight by weighing people regularly and discussing healthy food choices. If people were losing weight they had support to visit the GP when required. This was because occasionally people needed additional specialist support with nutrition. For example, one person had diabetes and had to monitor their sugar intake, staff had been trained by a diabetes nurse and had been assessed as competent to support this person.

Staff worked successfully with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, chiropodists, dentists, diabetic nurses, and epilepsy nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One person told us, "They would get the doctor if I wasn't well, I had an appointment with podiatrist on Saturday." They added, "The staff arrange appointments for the optician". Another person said, "When I was sick, Reynard's took me to see the doctor".

People were not involved in the design of their homes but could personalise their bedrooms to reflect their

likes and preferences. We observed three people's rooms to be very personalised and full of things people wanted, such as personal pictures on the walls and personal ornaments. Everyone had their own key to their room and we observed people using those keys to access their own personal space.

The provider sought consent to care and treatment in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care records showed that people had signed consent forms to receive care and support. Staff knew to ask people before they carried out any tasks. Nobody living at any of the houses lacked the capacity to make decisions about their care. Staff knew how to support people to make decisions and the procedures to follow if an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at any of the houses was subject to a DoLS authorisation. There were no restrictive practises and people had keys to their own front doors and bedroom doors. People told us they were free to come and go as they pleased.

## Is the service caring?

### Our findings

Staff treated people with kindness respect and compassion. This was reflected in the feedback from people who used the service. Comments from people included, "They are perfect and capable". "Staff are friendly and kind". "They help me". And, "Staff are helpful and kind to me". One relative said, "Oh yes very kind and caring very thoughtful they engage with them."

Staff spoke about people with absolute affection. It was clear they had built trusting relationships and knew people well. When they discussed people with us they were not only respectful and knowledgeable, staff were passionate and clearly very fond of people. Comments from staff included, "It's the people we work for". "I get a buzz when they learn something new". "It's great when they tell me they have done something without my support". One staff member told us, "The learners keep me here, I love my job, I love people, every day is different and I learn so much from people we support".

People told us they were involved in discussing their care and support needs with staff. The six people we visited in their homes all showed us their care plan folder which was kept in their rooms. Each of the six people knew what was in the folder and could show us every aspect of what was written and where they had signed the documents. Staff told us, "We always talk to people about what they want to do". Comments from people included, "I tell staff what I need them to do". And, "Yes I decide". A relative told us, "Absolutely, I can't fault them at that level they are open and honest with us, and with (person's name) they take their views into account".

Staff encouraged people to be as independent as they could be. Staff told us they supported people but did not disempower people. A relative told us, "Yes ultimately that is part of their role, their ethos the level of support through independent living skills like budgeting, activities, and the college." They added, "The Reynard's staff take care of the care side of things, they help (person's name) to build their skills, they are hands off and at the same time, monitoring to make sure they are safe." People told us they felt respected by the staff who supported them with their personal care. One person said, "Staff help me take my pills".

The provider encouraged and valued the views of the people they supported. People told us staff always asked them if they were happy with everything or if they wanted anything changed. People told us they completed a form about the agency with a member of house staff. One person told us, "I can say what I think about them on the form".

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People's confidentiality was respected and personal information was appropriately stored. Staff were aware of issues of confidentiality. Staff told us information is shared on a "need to know basis." One member of staff said, "Everyone has the right to privacy."

## Is the service responsive?

### Our findings

Records showed people had their needs assessed before they commenced their placement at Foxes Academy. The provider sent people an Information pack so they were fully informed about what to expect when they moved into one of the houses provided. The first six weeks at the academy was a settling in period where Reynard's staff got to know people properly so they could finalise their care plan.

We reviewed seven care and support plans electronically and three with people in their homes. People kept their support plans in their rooms, staff had made sure they were clearly set out and easy to read. They provided a range of information about the person that included their preferred daily routines, and things that were important to them. Although staff involved people to draw up and agree their own support plan, we did find that the provider expected everyone to attend a health check at the same time each week. Staff told us they had a check list to go through that included checking nails and weight. This meant the provider was not completely person centred.

People could talk to us about the different support they received so we asked people how they felt about these checks, one person said, "Its ok they weigh me". This person did not know why they needed to be weighed and there was no risk highlighted suggesting the person had a weight problem and needed staff to monitor their weight. We discussed this with the registered manager, who told us it was a practice they had always carried out and that people who liked structure responded well to it. They also agreed this was not a person-centred approach and would look at changing their practice to ensure people's needs were met based on their own individual needs in the future.

All the relatives we spoke with said they had very good communication with all staff at every level and were involved in their relative's care. One relative said, "Yes we go to meetings and communication is encouraged by phone or email. If you raise any issues they sort things out".

The registered manager sought people's feedback and acted to address any issues raised. Although there had been no recent complaints at the service, there was a system in place to manage and investigate any complaints. The provider underpinned this with a policy and procedure, which staff knew. People had information about how to make a complaint in their care records and in their home. It was available in an 'Easy read' format. People we spoke with were aware of this and told us they were confident the provider would deal with any complaint to their satisfaction. One person told us, "I can tell the house staff and I can tell Reynard's staff if I'm unhappy". A relative said, "We can contact staff anytime we know they will sort it if there is a problem".

At the time of the inspection, no one was receiving end of life care. Staff were aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care.

## Is the service well-led?

### Our findings

The provider had a clear vision to deliver care and support that promoted a positive culture. Their mission statement said, "To provide the highest quality care and support service to meet individual needs of young people with learning disabilities in a dignified and respectful way". Processes in place supported this mission statement. Staff appreciated the values of the provider and the way it was run. A member of staff told us " I have never been off sick in 13 years, I love my job and can't imagine being anywhere else."

There was a registered manager in post. 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.

The leadership was visible and accessible. We saw open, honest, skilled leadership at Reynard's Care and Support Agency. People said the registered manager was very approachable. A deputy manager supported the registered manager. They both showed an excellent knowledge of people and their care needs. During the inspection we observed people get excited when the registered manager visited their house, people were very comfortable and relaxed with them.

The management team could reflect on past decisions and consider if they could improve their approach at Reynard's Care and Support Agency. This was clear when we discussed how care and support was not always person-centred as described in the responsive domain of this report. The registered manager planned to improve this, and staff did achieve good outcomes for people.

The registered manager also talked about their plans to make a clear distinction between the agency and the academy as they recognised there were some cross overs such as records referring to the academy when it was clearly a Reynard's function.

There was a management structure in place, which gave clear lines of responsibility and accountability. There was a positive culture of support and cohesiveness amongst managers and staff. There were regular manager's meetings and staff meetings which meant staff were kept up to date with developments about the service.

People spoke highly of the staff and management team. One person said, "Yes I know the managers". Another person said, "(staff members name and another staff members name) are the managers at Reynard's". A relative told us, "I feel I could ring them, we have a booklet with the relevant contacts such as who to ring if you are worried but I haven't had to use that number".

The registered manager understood the importance and responsibility of their role. They told us they felt supported by their line manager who was also the nominated individual for Reynard's Care and Support Agency. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. This was clear on the day of the inspection when the nominated individual spent the day working

closely with the registered manager to support the inspection.

The providers approach to quality assurance included the completion of an annual survey. The results of the most recent survey had been extremely positive. Staff, people and their families told us they could express a view about the service through an annual survey Staff and people also said they were encouraged to discuss their needs every day because things changed so regularly. One person said, "I can talk to the staff and they always do what I need them even if it's different to what they think I should be doing".

There were effective quality assurance arrangements in place to raise standards and drive improvements. This included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans and observation of staff performance. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through forums such as team meetings.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses delivered training to staff so that staff could support people who had specialist physical healthcare needs such as diabetes and epilepsy in accordance with best practice guidance.

The provider had not been following all relevant legal requirements, including registration and safety obligations and the submission of notifications because they believed that this was the academy's role. We discussed this with the registered manager who told us they would inform CQC as well in the future if any serious incidents or safeguarding alerts were made. They had displayed the previous Good rating issued by CQC in the front reception area for people to see.