Rayner House and Yew Trees Limited

Rayner House

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

About the service: Rayner House is a residential care home, providing personal care to 37 people aged 65 and over at the time of the inspection. The home also has a registration for personal care, however at the time of inspection this was not being carried out.

People's experience of using this service:
● Staff knew how to recognise potential abuse and who they should report any concerns to.
● People had access to equipment that reduced the risk of harm.
● There were sufficient staff on duty to meet people's needs.
● Staff supported people to get their medication.
● People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences.
● Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.
● People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect.
● People's independence was promoted as staff were careful not to do things for people they could do for themselves.
● People were supported by staff who knew about their needs and routines and ensured these were met and respected.
● Staff and relatives knew how to complain and were confident that their concerns would be listened to.
● People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensured people's needs were met.

We found the service met the characteristics of a "Good" rating

More information is available in the full report.

Rating at last inspection: Good (Published May 2016)

Why we inspected:

This was a planned inspection based on previous rating.
Follow up:
There will be ongoing monitoring and routine inspections of the location.

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

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. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Rayner House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector and an expert by experience with an area of expertise of older people's care completed 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.

Service and service type:
Rayner House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to

plan our inspection.

During the inspection, we spoke with nine people and three relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two district nurses, one specialist nurse and one dentist who were visiting the home at the time of the inspection.

We spoke with four members of care staff, a cook, two Trustee board members and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● People told us they were safe, their home was secure and were confident the staff supported them to remain safe. One person told us, "I just feel safe. I put myself in their hands and everything is alright."
● Staff protected people from any potential abuse and told us any concerns would be recorded and reported to the registered manager for action, if needed.
● The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.

Assessing risk, safety monitoring and management:
● People were encouraged and supported to take positive risks to support their well-being and independence. Where needed, staff supported people to maintain their safety in managing those risks.
● People's identified risk had been recorded and documented for example associated risks with any physical needs.
● Staff we spoke with knew the type and level of assistance each person required to maintain their safety. For example, where people required equipment to help them walk safely.

Staffing and recruitment:
●There was a low staff turnover and people were supported by enough staff to meet their physical and social needs. One relative told us, "Definitely enough staff, always someone around."
● Staff told us before working at the home, checks were made to ensure they were suitable to work with vulnerable adults.
● The staff recruitment records had not included a recent photograph, proof of identification checks, and their legal right to work in the UK. The registered manager noted the improvements needed and stated all staff photos were currently being updated.

Using medicines safely:
● Medicines systems were organised and people were receiving their medicines when they should. One person told us, "I take medication and I get it at regular times."

● The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. However, where people had been prescribed thickened fluids there were no records kept to evidence when they had been given. Staff had a good knowledge of where people required this and how to provide their fluids. The registered manager took immediate action to record the use of thickened fluids going forward.

Preventing and controlling infection:
● People we spoke with told us the home environment was clean and their rooms were kept clean.
● People's laundry was collected and washed within a separate laundry area.
● Staff who prepared food observed good food hygiene and ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff wore personal protective items such as gloves and aprons.

Learning lessons when things go wrong:
● Staff completed forms where a person had been involved in an incident or accident and reported them to the management team.
● The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risks had been updated in their care plans.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed. One person told us, "Yes they understand my needs."
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to the home.

Staff support: induction, training, skills and experience:
- People were supported by staff who understood their needs and how they liked their care to be provided.
- Training courses for staff had been completed and staff used reflective groups to further understand people's health conditions better. One relative told us, "They must have good training."
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet:
- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance.
- People were supported to access food and drinks which met their nutritional needs in line with their preference and choices.

Staff working with other agencies to provide consistent, effective, timely care:
- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

Adapting service, design, decoration to meet people's needs:

● There were several communal areas to choose from including quiet areas.
● People chose how they spent their time at the home with communal areas which were easily accessible.

Supporting people to live healthier lives, access healthcare services and support:
● People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required glasses and other aids had these in place.
● Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.
● Visiting professional were positive about the care provided by the staff and management at the home. They were confident any advice they provided was incorporated into a person's care.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
● DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Good

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
● People told us about living at the home and said the staff were kind, caring and attentive to them. People had made friends at the home and one person told us, "The staff are all very pleasant. "
● People told us the care provided was individual to them. One person told us, "It's lovely like being at home. People say when I am out I suppose you don't want to go back but I do."
● People were relaxed around staff who supported them and people happily asked for any assistance they wanted. One person told us, "I always have someone to talk too, staff and residents."

Supporting people to express their views and be involved in making decisions about their care:
● People told us staff involved them with the care they wanted daily, such as how much assistance they may require.
● People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff. One person told us, "They [staff] know my likes and dislikes."

Respecting and promoting people's privacy, dignity and independence:
● People received care and support from staff who respected their privacy and people felt the level of privacy was good. One person told us, "Yes they protect my privacy. Like they knock my door and wait for answer before entering."
● People told us their independence was respected and encouraged during their time at the home, which was important to them. One relative told us, "I like that the staff are not stuffy and pretentious. They are her kind of people."
● When staff were speaking with people they respected people's personal conversations. Staff spoke considerately about people when they were talking and having discussions with us about any care needs.
● People's confidential information was securely stored, to promote their privacy.

Good

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People's preferences about their care needs had been detailed in their plans of care. One person told us, "The care is unbelievable. They [staff] are very attentive."
● The wishes of people, their personal history and the views of relatives had been recorded.
● Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
● People gave us examples of things they enjoyed doing, such as spending time playing games or reading. One person told us, "I like to watch films on the big screen sometimes." People went on trips which interested them, such as trips to the theatre.
● People enjoyed a variety of daily activities, such as quizzes and crafts. Visiting entertainers came in, and people celebrated a variety of notable days and told us how much they enjoyed these.
● The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

Improving care quality in response to complaints or concerns:
● People we spoke with said they would talk to any of the staff if they had any concerns and were confident they would be resolved. One person told us, "Oh yes I would complain if I needed to."
● People and their relatives told us staff and the registered manager dealt with any issues as they arose.
● A formal complaints process was available as a process to record, investigate and responded to complaints. Any suitable adjustments to care or to improve the service provided could then be implemented

End of life care and support:
● An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail. One person told us, "I have an end of life plan in place. I was supported to do this."
●The staff and the registered manager demonstrated a compassionate approach to providing people with

end of life care and meeting people's wishes.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- All the feedback was positive, and people expressed satisfaction with the registered manager's leadership in the home on promoting independence and inclusion. People liked to spend time with care staff. One person told us, "We are all friends."
- People's individual care and support needs were provided by staff who enjoyed their work and were encouraged to spend time getting to know people. One person told us, "I feel at home."
- Staff were clear about the registered manager's vision to provide personalised care and staff were supported to understand why this was important to people's care experiences. One relative told us, "[Registered manager] was the first person I met. As soon as I walked in I knew straightaway this is the right place for my relative."

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

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's plans of care were current and the environment was safe.
- The registered manager was supported to provide good care to people, based on best practice standards, researched people's lifestyle choices and the provider supported them.

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

- People's views were gathered through meetings and where suggestions for improvement had been made,

these had been acted on.
● The management structure in place was open, transparent and available when needed. The registered manager and provider spent time each day working as part of the team. One person told us, "[Registered manager] works nights. She is approachable and supportive."
● Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care
● Learning from concerns and incidents contributed to continuous improvement. Staff explained the provider and registered manager were always looking for ways to improve the service. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change and adapt the support provided and reduce the risk of further incidents occurring.
● There was a drive to learn and improve people's care further. The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of the care and how the business responded to these.

Working in partnership with others
● The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences. For example, with the local school and hospice.
● Social workers, commissioners and professional were welcomed and very positive feedback had been received.