

Ranmore House

# Ranmore House

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Ranmore House is a privately owned service registered to provide accommodation for up to five people with learning disabilities. It is situated in a residential area of Banstead. At the time of the inspection there were five people living at the home.

This inspection took place on 3 December 2015 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 and associated Regulations about how the service is run.

Risk of harm to people had not been consistently identified and controlled. Where risks had been identified these had been these were managed and reviewed.

People received their medicine as prescribed. All medicines were administered and disposed of in a safe way. We noted information relating to persons allergies had not been included in their MAR chart so the risk of harm could be missed by staff. PRN (when required) medicine did not have protocols in place.

Parts of the home were not well maintained and we saw broken tiles and a cracked window in the bathroom on the first floor. Some bedrooms did not promote people's dignity and privacy as curtains had been pulled down and not replaced. The garden was not well maintained and required the rubbish to be cleared as this was unsafe for people who accessed the garden.

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. We noted one person should have had a best interest meeting to make a decision on their behalf which was not in place.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

There were sufficient numbers of staff deployed to meet people's needs. Staff were appropriately trained to meet the needs of the people who lived at the service. Staff did not receive annual appraisals or formal supervision on a regular basis. Recruitment procedures were robust to ensure that staff had appropriate checks undertaken before they commenced employment.

People were protected from the risk of abuse. 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 member said they would report any concerns to the registered manager. The staff we spoke to knew of types of the

different abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

People were encouraged and supported whenever possible to be involved in their care and had access to a range of health care professionals, such as the GP, district nurse, dentist and opticians.

People told us the food was good and there was lots of choice. We saw people had access to drinks and snacks at any time during the day or night. People were treated with kindness by the staff on duty.

People had individual care plans. They were detailed and updated regularly. We recommended some information in the care plans could be archived as this was several years old and not relevant to people's current needs.

Staff told us the registered manager supported them in their roles. Relatives told us they had every confidence in the manager.

People were aware of the complaint procedures and relatives told us they would know how to make a complaint.

The registered manager had not maintained accurate, complete and detailed records in respect of people and records relating to the overall management of the service. The service did not have systems in place to record and monitor the quality of the service provided.

Accidents and incidents were recorded and acted upon to ensure people were kept safe whenever possible. People 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.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what we told the provider to do at the back of this report.

## 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.

People were at risk of harm due to the conditions of the home environment.

People received their medicines as prescribed, but we found not all information was included in MAR charts.

People were cared for by a team of qualified and skilled staff to meet their needs. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Mental Capacity Assessments and best interest meetings had not taken place for people where they lacked capacity and DoLS authorisations had been applied for.

Staff received regular training to ensure they had up to date skills and knowledge to undertake their roles and responsibilities. They did not receive formal supervision.

People had enough to eat and drink.

People's health care needs were being met.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's privacy and dignity was not always respected because the environment was not maintained.

We observed staff were caring and kind and treated people kindly. .

Staff were friendly, patient and gentle when providing support to people.

### **Is the service responsive?**

The service was not always responsive.

Care plans required some attention to ensure they could be easily followed.

Staff were knowledgeable about people's needs.

People were able to undertake a range of activities outside the home.

Complaints were monitored and acted on in a timely manner.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered manager did not have adequate system in place to monitor the quality of the service provided.

The registered manager had not maintained accurate records relating to the overall management of the service.  
Staff said they were supported by the registered manager.

**Requires Improvement** ●

# Ranmore 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 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 took place on 3 December 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR) before the inspection. 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three members of staff, the registered manager, relatives and one health care professional.

We spent time observing care and support being provided. We read four people's care plans medicine administration records, recruitment files for staff, mental capacity assessments for people who used the service and other records which related to the management of the service such as training records and policies and procedures.

The last inspection of this service was 23 October 2013 where we found the regulations were being met and no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe and did not have any concerns. One person said "I am safe here because the staff take care of me." A relative told us they had peace of mind knowing their family member was cared for at Ranmore House.

Risks to individuals were not always appropriately managed to keep people safe. For example there were no risk assessments in place to keep people safe in premises that were not well maintained. The premises were not safe for people who lived in the service. Communal areas had broken chairs and furniture that was in a state of disrepair. The general décor was shabby and required to be redecorated. The bathroom on the first floor had tiles missing from the wall and sharp edges which were unsafe for people. This bathroom also had a cracked window. The shower room did not have a radiator and had a mop and bucket stored in the shower. There were no soap or hand towels provided in communal bathrooms to encourage people to wash their hands after using the toilet. The garden was untidy and had broken tiles and old furniture in it which was unsafe for people as they used the garden and could hurt themselves. The summer house had the doors missing and contained rubbish which prevented people from using this.

The provider had not ensured the premises were safe and this is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks of harm to people had been addressed. Radiators were covered to protect people from burns; and ramp access was provided as appropriate to reduce the risk of people falling. Fire equipment and emergency lighting were in place and fire escapes were clear of obstructions to ensure people's safety in the event of a fire. Windows had the appropriate and safe restrictors in place to reduce the risk of people who may be unsteady on their feet falling out of them.

People could be at risk of harm as allergies to medicines were not always recorded. We looked at the Medicines Administrations Records (MAR) charts for people and found that a person's allergies were not recorded on MAR chart to correspond with the information recorded in their medicine plan which could lead to mistakes being made. The remainder of the MAR charts were well maintained and information recorded correctly.

There was a medicines administration policy in place. All staff who had responsibility for administering medicines were familiar with that policy.

Where people had 'As required' (PRN) medicine there was no guidance for staff on when to administer this. One person was able to administer their own insulin. We read there were occasions when they refused to do this because of behaviour moods. There was no medicine plan in place for staff to follow when such an episode occurred.

We recommended people's allergies were recorded on their MAR charts to avoid mistakes being made.

The general storage of medicine was satisfactory. There was a dedicated lockable cupboard for the storage of medicines. Medicines were labelled with directions for use and contained both expiry date and the date of opening. Creams and lotions were labelled with the name of the person who used them, signed for when

administered and safely stored. Medicines requiring refrigeration were stored in the main fridge in a dedicated container. There were good audit trails of how medicine was checked into the service and how medicines were returned to the chemist.

There was a risk of harm where people had behaviour that challenged themselves or others. Staff were unable to tell us how this was managed to keep people safe, nor show us any guidelines to show them how they should respond. However when risks had been identified risk assessments were in place to manage these risks. These were detailed and contained information for staff to follow around what the risks were to people and the measures needed to be taken to reduce the risk of harm. Some of the risk assessments we looked at included going out and provided staff with guidance on how many staff were required to keep the people safe without compromising their independence.

We recommended there should be a specific risks assessment and management plan in place for the management of behaviour that challenged.

People were safe because staff had understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All the staff had undertaken adult safeguarding training in the past year. Staff were able to explain the different types of abuse and were aware that a referral to an agency such as the Local Authority Adult Services Safeguarding Team should be made in line with the provider's policy. One staff member said "I would report anything to the registered manager or the person in charge." Another member of staff said "If I saw anything that resembled abuse would I would know what to do." There was a safeguarding procedure in place and staff we spoke with had been familiar with this procedure. This also provided staff with contact details of the local authority should they require this. The provider notified us

There were sufficient members of staff on duty to meet the needs of people. We looked at the duty rota for the previous four weeks and saw how staff were deployed in the service. They revealed staffing levels were consistent across the time examined. The registered manager told us they did not use a formal tool to calculate the number of staff required to care for people, but adjusted the staffing levels according to individual care needs of people when required. There were two care staff on duty when we arrived at the service, and a third member of staff providing support for someone attending hospital. The registered manager arrived during our visit. One member of staff is allocated for night duty. Additional chores for example cleaning and cooking were also undertaken by the care staff. We asked staff if they felt the staffing levels were adequate to care for people safely. One staff member said "Yes they are, but sometimes it can get very busy early morning." Another member of staff said us "We have enough staff as we do not have to give people one to one support."

The provider used existing staff where possible to cover vacant shifts left by sickness or annual leave. One person said "Staff were good and help me when I need it."

The staff recruitment procedures in the service were safe. Appropriate checks were undertaken before staff began work. The staff employment files contained information which showed 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 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.

In the event of an emergency people would be kept safe if they had to leave the house. People had PEEPs (personal emergency evacuation plans) in case of fire or emergency. This is a plan that is tailored to people's individual needs and gave detailed information to staff about supporting people's movements during an evacuation.



The registered manager told us the home had an emergency plan in place should events stop the running of the service. Staff confirmed to us what they would do in an emergency.

## Is the service effective?

### Our findings

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had not complied with the requirements of the Mental Capacity Act 2005 regarding individual decisions. People's capacity to make decisions for themselves had not been completed. One person had all their clothing locked in a wardrobe outside their room to prevent them from access and there had been no best interest meeting undertaken to make that decision on their behalf.

Both staff we spoke with had an understanding of the Mental Capacity Act 2005 and told us it was all about gaining people's consent and permission before undertaking care. They told us they always asked people first before they undertook a task. We saw one person was able to sign their own consent form to agree to surgery.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people had lacked capacity to understand why they needed to be kept safe the provider had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported by staff team with the skills and knowledge to meet their assessed needs. Staff told us they were given a period of induction, which was aimed at familiarising them with policies and procedures, in addition to orientation to the service and getting to know the residents. One member of staff told us "I had induction. It was very good." Another staff member told us they did not work alone until they had completed their induction training to ensure they could support people effectively and safely.

Mandatory training took place for staff to ensure they had the skills to support people effectively. This training was provided by an external trainer. This included health and safety, infection control, moving and handling, safeguarding adults from abuse, and first aid. Staff told us they felt they had sufficient training to undertake their roles. One member of staff said "I have learnt a lot in the short time I have been here." One person said the staff "Looked after them well." And another person gestured to us that all was well with a thumbs up sign.

People were not supported by staff who were regularly supervised or appraised. Staff told us they had not received regular formal supervision from their line manager and neither of them had received a yearly appraisal. We spoke with the registered manager about this. They told us that formal supervision had

lapsed recently but they would ensure this was reinstated immediately. Supervision is important as it gives staff the opportunity to meet with their line manager to discuss all aspects of their work, to address any issues or training needs they may have, or to discuss career development.

People and their relatives told us they were satisfied with the support they received from health care professionals.

Health care needs were met. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with a local GP and were supported by staff to visit their doctor when necessary. There were health passports in place that provided information for example a medical history, next of kin and current medicines being taken if someone had to visit hospital in an emergency. People had access to dental care, a chiropodist, and an optician regularly. Specialist input from a district nurse, a community psychiatric nurse was also available on referral by the GP. We saw records were kept in care plans of visits to health care professionals. This included any changes to medicine or new treatments prescribed. We spoke with a relative who was very satisfied with the level of support their family member received from staff to promote their health and wellbeing.

People told us they enjoyed the food and one person gave us thumbs up sign when we asked about the meals. People had enough to eat and drink. One person said the food was good. We saw people were provided with drinks and snacks throughout the day.

People chose to sit where they wished to eat their meals. Staff provided support to people to help them eat independently. For example one person required their food to be cut up so they could eat without further support from staff. Lunch consisted of a lighter option for example a sausage roll and fruit while the main meal was provided in the evening. There was a choice of fruit juice, water or tea available for people to have with their lunch.

People's nutritional needs had been assessed using a malnutrition universal screening tool (MUST) to identify if they were at risk. These were reviewed to ensure people with dietary needs were provided with the support they required to maintain a healthy eating plan. Special diets were catered for which included, soft or pureed food or a diabetic diet. Menus were planned weekly according to people's taste and staff's knowledge of people's preferences. People were shown pictures of food when they were planning the menu to help them decide. There were no menus displayed but a record of food provided was recorded daily in a catering diary.

## Is the service caring?

### Our findings

Relatives and an advocate spoke highly of the care and the kindness of staff and an advocate said "Whenever I visit people are always happy."

People's privacy and dignity were not always maintained. We observed someone used the toilet without closing the door. The staff member present at the time made no attempt to encourage them to close the door or adjust their clothing before they left the toilet. People received personal care in the privacy of their bedrooms or in bathrooms. We noted that three bedrooms did not have curtains provided and their curtain rail had been pulled off the wall which did not promote privacy. A bathroom window was covered with a plastic adhesive rather than a blind or curtains and did not have a lock on the door which did not promote privacy. People had their own bedrooms. Three bedrooms were decorated and people had the opportunity to make their rooms personal to them with the help of personal possessions, picture, posters and items of interest. Two bedrooms were not personalised and had basic furniture some of which was broken. A mattress in one person's room was stained and had a strong odour coming from it. We asked the provider to replace this as soon as possible.

The environment that people lived in did not always promote people's dignity and respect which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were caring and attentive to people and their needs. We observed a staff member interacting with a person and sat with them in the sensory room watching a film and playing games. We observed interaction between one person and a staff member who continually sought attention. We saw this member of staff was calm and patient and explained to people in an understanding why this person was unable to have their whole attention at that particular moment. Staff were aware of people's individual routines and facilitated this. For example they wrote planned activities in a person's diary as this reassured them. We heard a member of staff engage in conversation with a person and talked about things that mattered to them for example their church visit. This was written in their individual diary which was important to them.

People were well cared for and wore appropriate clothing and footwear. Their hair was neatly combed and staff told us people visit the hairdresser as required. People were addressed by their preferred name which was their first name.

People were encouraged and supported to make choices regarding their daily living routines. People could have a lie in and have a late breakfast if they were having a day off from activities they attended. One person said "I don't like staying in bed I get up early." People's preference regarding how they liked their personal care was recorded in their care plans and staff were aware of their individual choice. A member of staff told us it was important that the person they were caring for during our visit had a set routine as they got upset if this was not followed. They said "Caring is all about understanding people and their needs." People also had the choice where to spend their time and what activities they participated in.

Relatives were very positive about the standard of care provided at the service. Relatives told us they could

visit their family member at any time and always found them well cared for. They said they were always made welcome and the provider kept them well informed of any changes to care or treatment. One relative said "I know the home isn't exactly a palace but the care is second to none and staff are kind and caring."

## Is the service responsive?

### Our findings

Prior to moving into the home people's needs were assessed to ensure the service was suitable and could meet their needs. The most recent assessments showed that people had the opportunity to visit the service first and meet other people living there before they made a decision about moving there.

Once people moved into the home the provider developed a care plan together with the person using the service, other relevant health care professionals and information gathered from the pre admission needs assessment. Care plans addressed areas such as personal support, communication, mobility needs, emotional and social needs. The most recent care plans were still in the process of being developed. They had identified some needs which were supported with action plans for staff to follow to achieve agreed goals. They also contained information and documents from a previous placement which were inappropriate to the current service. For example there were specific to a location which no longer provided support for that person. The provider told us these care plans were due to be reviewed and updated following people's first multi-disciplinary review. Other care plans contained information that was several years old and not relevant to people's current needs which made these difficult to follow. These had been reviewed and updated when needs changed. The provider told us they were going to review these plans also and archive old information to enable staff to follow prevent.

We recommended that care plans only contained relevant information to make these easier to follow.

There were individual activity plans in place which were specific to people's needs. People told us they were consulted about things that they were interested in and could choose the activities that they were interested in. Some people liked to attend a day centre and staff supported them with this. The service provided transport to facilitate activities. One person said "I go to my club every week and meet my friends." Another person told us they liked to go shopping for personal items and staff supported them to do that. One person liked to spend time in the sensory with a member of staff and also liked to use their trampoline which was located in the garden.

People's spiritual needs were observed and one person attended church every Sunday with friends. They said this was important to them and had church events recorded in their diary to ensure they did not forget.

People and their relatives knew who they could speak to if they had concerns or a complaint about any aspect of the care they received. The service had a complaints policy which was displayed where people, relatives and staff could access it. Some people would have to rely on staff or relative to make a complaint on their behalf. One person when asked said "I have not had to make a complaint." And "If I had any issues I would talk to the manager who would address these." Another person said "My friend would tell the manager for me."

Relatives we spoke to said that they had not made any formal complaints. One relative said "I would not complain I would just mention the issues to the manager and these would be managed without any fuss." There had been no formal complaints received since the last inspection. The registered manager told us outcomes of any complaint would be shared with the people involved and used a learning opportunity for staff. Staff told us if someone made a complaint to them about anything they would inform the manager

immediately and this would get resolved according to the complaints policy.

Residents and relatives meetings did not take place. Relatives said they were included in decisions about their family member but these were not formal meetings.

## Is the service well-led?

### Our findings

People told us they felt part of a caring home and the manager was helpful and efficient. A relative said "I have confidence in the home and the manager."

The service had a registered manager in post and people who lived at the service, staff and relatives felt supported by the management arrangements that were in place.

The manager gave good support to staff. Staff felt supported by the management arrangements in place. They told us it was a lovely place to work. They said they felt part of a team and they felt valued in their roles. One staff said they came to work in care as they liked to support people and have the opportunity to do that in their current role.

The provider had systems in place to monitor the quality of the service being provided and to enable them to make improvements when these were highlighted. The manager undertook internal audits including reviews of care plans, risk assessments, audits of medicines, infection control and training audits to further enhance the care provided. However these audits were not effective as they failed to identify issues we have noted during our visit such as MAR records, care plans, risk assessments and the maintenance issues. This showed us the systems in place were not robust and required improvement to ensure risks were identified and quickly rectified.

The provider did not seek feedback from people, relatives, staff and stakeholders about the service being provided and ways they could improve this. There were no surveys or questionnaires in place so we were unable to assess the level of people's satisfaction with the service.

The provider did have a system of auditing which did not identify issues that were identified at this inspection. The provider did not seek and act on feedback from relevant persons to continually evaluate and monitor the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health and safety audits were undertaken by the manager and we saw records relating to health and safety for example utility certificates, fire safety certificate, and checks for equipment were up to date, to ensure the safety of people, visitors and staff.

Staff told us they had attended meetings periodically but these were not regular. They said the manager kept them informed of new legislation and information updated during hand over meetings.

The manager was visible around the home on the day of our inspection. This gave them an opportunity to observe the care and support staff gave to people and to ensure this was appropriate. The registered manager was available to people, relatives and advocates if they wished to speak with them.

We did not see a business plan for the service. When we asked the registered manager for this they were unable to provide us with a plan and had not identified the areas that required improvement. However the



registered manager said they would make improvements to the premises and make refurbishment their priority for the next year.

We looked at the accident and incident records. We noted accidents were discussed within the team and measures put in place to reduce the frequency of these. For example staffing levels and the activity taking place at the time.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The environment that people lived in did not always promote people's dignity and respect which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured the premises were safe and this is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a system of auditing that was robust. The provider did not seek or act on feedback from relevant persons to continually evaluate and monitor the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>