

Mitchell's Care Homes Limited

Rainscombe Bungalow

Inspection report

Rainscombe Farm
Dowlands Lane
Smallfield
Surrey
RH6 9SB

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Date of inspection visit:
20 September 2016

Date of publication:
04 November 2016

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? | Requires Improvement ● |

Summary of findings

Overall summary

Rainscombe Bungalow is a residential home which provides care and accommodation for up to six adults with learning disabilities, autistic spectrum disorders and behaviours that may challenge others. On the day of our inspection six people were receiving support. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs.

This inspection took place on 20 September 2016 and was unannounced.

The home was run by a registered manager and they were present throughout our inspection. '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.

The provider did not have a robust process that had ensured people finances were managed appropriately which is subject to investigation.

People and their relatives gave positive feedback about the service they or their family member received. People were very happy.

People said that they felt safe and they appeared happy and at ease in the presence of staff. One person said; "The staff look after me here." People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People who experienced conditions such as epilepsy had protocols in place for staff to ensure they remained safe during times of seizure activity.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines.

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted.

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people.

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

use for their intended purpose.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed.

People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People said that they were involved in making decisions about their care as much as they wanted to be. However we noted that all documentation was typed similarly and not personalise to meet each person's needs.

Staff had the specialist training they needed in order to keep up to date with care for people. Staff demonstrated best practice in their approach to the care, treatment and support people received.

People were provided with a choice of meals each day and where they wanted to eat, for example go out for lunch or have lunch at home. Facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

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

People took part in community activities on a daily basis; for example regular clubs. The choice of activities had been in place for a number of years. The registered manager discussed ways of improving this. We have made a recommendation regarding people's social activities.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

The provider had quality assurance systems in place, including regular audits on health and safety, medicines and support plans. The registered manager met CQC registration requirements by sending in notifications when appropriate. We have made a recommendation about this. We found both care and staff records were stored securely and confidentially.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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.

People received their medicines safely. Medicines were stored, managed and administered safely.

People received support from enough staff on duty to meet their needs. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were robust processes for monitoring incidents and supporting people to reduce the risk of them happening again.

Is the service effective?

Good ●

The service was effective.

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

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good ●

The service was caring.

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

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

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

Is the service responsive?

Good 

The service was responsive.

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

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

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

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

Is the service well-led?

Requires Improvement 

The service was well led.

The registered provider had not maintained appropriate procedures in relation to people's personal finances. As such conditions to their registration had been imposed.

The registered manager undertook audits of medication and health and safety issues. The registered manager had a satisfactory system of recording the auditing processes that were in place to monitor the quality of the service provided.

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

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Rainscombe Bungalow

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 20 September 2016 and was unannounced. The inspection team consisted of one inspector who had experience of caring for people with Autism and learning disabilities.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. We asked the provider to complete 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 records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

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, a relative, the deputy manager and the registered manager. We spent time observing care and support being provided. We read three people's support plans and looked at other records which related to the management of the service such as training records, audits, staff rotas, recruitment documents and policies and procedures.

The last inspection was undertaken in 05 August 2014 where no areas of concern were identified.

Is the service safe?

Our findings

One staff member said "We try and keep people safe." A relative told us that the home does "Everything they can" to keep their loved one safe from harm.

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. One staff member said "We have had training; I know that I should contact the manager or local authority directly if I was concerned."

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. We observed staff interactions with people during the day. Staff followed guidance as described in the people's support plans. One person was wearing a protective helmet; staff had sought advice about this and supported the person to get used to wearing it to protect them from injury. These safety helmets are uniquely designed to offer protection from head injury from impact or falls.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Support plans contained risk assessments in relation to individual risks such as walking to the shops, bathing, going in the minibus and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The registered manager said "One person is at risk of falls and injury as they are constantly running and unaware of what's around them. We have had support from the falls team and devised a risk assessment to protect this person from undue injuries."

The registered manager told us other people experienced Epilepsy and were at risk of seizures, we looked at the risk assessments in place as seizure protocol. These gave guidance to staff about how to support a person whilst having a seizure. Other staff we spoke to confirmed the actions they would take which reflected those documented.

Incidents and accidents that people were involved in were reported appropriately and in a timely manner. We spoke to the registered manager about this who described to us the action they took to analyse each incident. They told us that they would immediately ensure that the outcomes of investigations into incidents was assessed the risk and any new strategies to reduce the risks to a person implemented. We looked at copies of incident form and saw that actions had been implemented to reduce risks.

People's medicines were well managed and they received them safely. The registered manager said that they encouraged people to take their medicines when they needed them and at the right time. There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely.

Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. People who were prescribed 'as required' medicines had

protocols in place to show staff when the medicines should be given. The provider had in place procedures for safe disposal of medicines. MAR charts showed us the provider had completed PRN protocols for people. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon for example if a person had pain relief, why it was given and whether the person's pain reduced after taking the medicines.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance. People's dependency levels were assessed and staffing allocated according to their individual needs; For example, one person received one to one support and supervision at times. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. The registered manager said that the staffing level were five or six care staff on shift (during the morning) depending on social activities and four care staff on duty in the afternoon. At night we were also told that two waking night staff were on duty. We checked the rotas for a four week period which confirmed the staff levels described by the team leader were maintained.

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

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned other properties and that should the need arise people would be taken there. Staff confirmed to us what they were to do in an emergency and we saw policies which documented the services emergency plan. There were arrangements to evacuate people in the event of a fire and all the people had been told or shown what to do in those events, each person had a PEP (personal evacuation plan) in place.

Is the service effective?

Our findings

One professional said "There is always clear information given." Staff said that they support people making daily decisions. One staff said "everyone has a right to choose."

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had met the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were followed. Assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. However we noted that all these documents had the same descriptions for all people and they were not specifically personalized. They had not noted how the MCA questions had been communicated such as verbally, the use of PeCS (Picture Exchange Communication System) or by implied consent.

Where people did not have capacity, the registered manager had not ensured they had information about their relatives who held a Power of Attorney (Health and Welfare) was obtained. As such there is a risk that staff would abide by the decisions a family member made without holding a best interest meeting.

Staff had an understanding of the MCA on a daily basis. One staff member said, "People have a choice daily." Staff were seen to ask for people's consent before giving care throughout the inspection. One staff member said "Sometimes people change their mind and they don't want to go out, that's fine."

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. One staff member spoke about their key client in a compassionate way describing how important it was for them to have a routine throughout their day, due to the nature of their abilities under the Autistic Spectrum.

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The registered manager showed us copies of minutes that included issues people had discussed at the monthly 'house meetings' such as menu's and trips out. People had discussed what colour they would like their bedrooms for example.

People were encouraged and supported to be involved in the planning of their meals. For example to go out for lunch, have sandwiches or staff supported them to cook snacks for example toast and cereals. During the inspection some people went out for lunch and others stayed at the home.

One person who had a specific cultural diet was supported to choose a menu that suited their beliefs. Staff supported them to shop for the appropriate food stuffs. The staff showed us that the food was specially labelled and stored in a separate area of the fridge and freezer.

We observed one person had been to the shops and bought some snacks, they came into the kitchen and wrote their name on it and put it in their cupboard. Another person told us "I had fried eggs for breakfast, they were lovely."

People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus, for the evening meal were agreed by people at the house meetings. People who were unable to communicate verbally were supported to make their choice by using picture cards. The menus were approved by the dietician to determine that they were healthy and nutritious.

Staff received a training programme which included how to support people who may harm themselves or others in a safe and dignified manner. Staff had access to a range of other training which included MCA, DoLS, manual handling and other specific training relating to people's individual needs such as catheter care, insulin administration and positive behaviour support. The training plan showed that all staff were up to date with training. One staff member told us "We also learn from each other." The registered manager told us it is important to share the positives of how best practices work.

Staff also had regularly competency assessment undertaken by the registered manager in areas such as medicines and care planning. This ensured staff were helped to develop essential skills to provide the appropriate support in a positive and constructive way to meet people's needs.

Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had complex physical health needs. We saw that the support plan showed involvement from District nurses, occupational therapist and a dietician. Guidance from these external professionals had been followed by staff to ensure people's current health needs were met. For example one person had been referred to the Epilepsy nurse specialist.

Is the service caring?

Our findings

One person said "the staff make me smile." A relative told us "Staff are so kind, they are very helpful." One staff member said "We go the extra mile."

We observed staff interaction with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. Care staff were able to describe to us each person's needs and they clearly knew people well. The registered manager said people were encouraged to be independent. For example, clean their room do their own washing; help prepare meals when they wanted to.

People were happy and we saw that they were confident in approaching staff and managers. We observed one person approach the registered manager and call him a 'pet' name; they stated they wanted to go out in the garden. The registered manager responded softly and excused themselves from talking to us to spend one to one time with the person. As they walked into the garden the person was smiling and singing songs.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors and giving people privacy to talk. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. The registered manager told us that each person had been offered a key to their bedroom, however only one person wanted to have one. We asked a person if they had a key and they told us "No, I don't want one."

One person invited us to look in their bedroom; they proudly showed us their collection of Police memorabilia and told us how the staff had supported them to decorate their room in the colours they had chosen.

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

Staff told us they reviewed people's support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by people who lived at the home. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings. A staff member told us "We really try to promote family involvement, if the person wants this support." This showed that the staff were promoting close family relationships when appropriate.

The staff explained how they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language. The registered manager told us they had just introduced an electronic tablet to enhance people's communication skills and act as a translation, communication, and individualization tool. This electronic form of communication can help people reduce frustration, build confidence, and support in teaching people the skills they need to learn to thrive.

Is the service responsive?

Our findings

One person told us "I visited the police station." Another person said "I'm going on holiday to Butlin's."

People had a range of activities they could be involved in. People were able to choose what activities they took part in however suggestion from people about what they would like to do were not actively sought. In addition to group activities that had been in place for a number of years people were able to maintain hobbies and interests, staff provided support as required. One person favourite subject was the police force, staff had supported this person to visit the police station and develop their interest.

There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit four people were attending sensory group, one person was undertaking personal shopping and the other person chose to stay at home. People's activity logs listed a selection of activities people had taken part. However people's activity logs listed a range of activities that had not been reviewed. There was minimal evidence to show that the activities were being used to develop people's individual skills, talents or choices.

We recommend that people activities and choices are reviewed more frequently to ensure they are personalised.

Records we viewed and discussions with the staff demonstrated a full assessment of people's needs had been carried out before people had moved into the service. People daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person's daily records stated they regularly spent time watching crime DVD's and talking to staff. Another person's daily records described how they had attended buggy riding and the positive impact this had on them.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's support plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. Support plans contained information on a person's personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals.

Staff ensured that people's preferences about their care were met. One staff member told us, there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed.

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

People were aware of how to make a complaint; one person said "I don't need to complain." The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. They told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. A relative told us "I have had no need to complain, but if I did, I'm sure the manager would act on it."

We looked at satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported peoples' individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed. Comments on these included; "The staff are happy to engage with other professional." And "Clear and good information provided."

Is the service well-led?

Our findings

The service had a positive culture that was person-centred and open. The home had a registered manager. One person said "He (the registered manager) is always here. He very nice."

The registered manager was responsible and registered for three locations registered with CQC under the same provider. These were Nutbush, Rainscombe House and Rainscombe Bungalow. We asked them how they split their time to manage all three services. The registered manager said that from Monday to Friday they spent the morning at Rainscombe and the afternoons at Nutbush. They said that all service were fairly close together so could attend any in an emergency within 10 minutes.

The provider did not have robust processes that had ensured people finances were managed appropriately and an on-going investigation was taking place. However the registered manager was fully aware of the processes to follow in house. The system in place protected the person from any potential financial abuse.

Staff were positive about the management of Rainscombe Bungalow. One staff member told us, "We can call at any time; he is always here to support us."

We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach all levels of management.

Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner. One member of staff said "I have regularly supervision, and receive constant support." Another member of staff said "It's important we are all accountable for our actions and understand why."

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care. This also included monthly staff meeting. We saw the minutes of the last meeting in which issues such as bringing in the use of technology to assist people choice was discussed an developing more effective pictorial care plans.

The registered manager told us about the systems they used to ensure the delivery of high quality care. We saw the quality assurance systems in place were robust. We saw evidence of audits for health and safety; care planning, medication and training. This enabled the registered manager to identify deficits in best practice and rectify these. The registered manager explained that regular management and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. We saw the minutes of the last meeting in which issues such as developing more effective pictorial care plans.

The registered manager told us they did regular out of hours spot checks and would visit the services at the

weekends or in the evenings to ensure a good level of care was being provided to people. They showed us external audits from the pharmacy and fire service that indicated no actions were needed.

Their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. The information provided matched what we found on the day of inspection. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager gained daily feedback from people about their choice and preference. People had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professionals and the responses returned included comments such as "Staff are very helpful," and "Staff are good at communicating."

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required. Care records were kept securely throughout the home.