Mitchell's Care Homes Limited

Rainscombe House

Inspection report

Rainscombe Farm
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Date of inspection visit:
08 March 2023

Date of publication:
25 April 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Rainscombe House provides care and accommodation for up to 3 people with a learning disability and autistic people. People had a range of communication, care needs and abilities. At the time of our inspection there were 3 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support:
Staff did not always support people with opportunities and experiences to learn to be more independent. People had limited opportunities to build skills and participate in individual activities. Staff carried out daily tasks such as cooking without always actively supporting people to take part.

People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and we observed positive interactions. Relatives told us staff were kind and caring and their family member was happy they were living at Rainscombe House.

Staff enabled people to access health and social care support and they ensured people received the medicines they had been prescribed.

Right Care:
Some people's care records were not in line with the Accessible Information Standard and there was a lack of evidence of people being involved in their care planning.

Although people lived in a house that was suitable for their needs, due to its location, people were reliant on staff taking them out to activities or local towns.

Most staff knew and understood people well and staff demonstrated they understood people's communication needs. There were sufficient staff to look after people and staff recognise potential risks to people and took appropriate steps to keep people safe and free from harm.

Right Culture:

The quality assurance system had failed to identify shortfalls we found at the inspection. Recruitment processes were not robust and there was a lack of detail in some people's care plans. The provider did not offer training and support to the staff team to ensure they had the knowledge to promote a quality of life for people that empowered them in particular people with a learning disability or autistic people.

Positive comments were received about the service from relatives and professionals. Staff felt supported and they worked with external agencies to help improve people's care.

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

Rating at last inspection
The last rating for this service was good (report published 21 December 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified a breach in relation to person-centred care at this inspection. This is because the manager was unable to provide us with all of the necessary documentation in relation to staff recruitment and people were not being given the opportunity to live a full life with a range of opportunities.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our effective findings below.	**Requires Improvement**
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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Rainscombe 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
Rainscombe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rainscombe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had started at the service in October 2022 and was applying to be registered.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

During the inspection
We observed the interactions between people and staff. We reviewed the documentation, which included care plans and medicine records, for 3 people. We looked at various other documentation in relation to the running of the service. This included 4 staff recruitment files, audits, meetings minutes and health and safety checks.

Following the inspection, we spoke with 3 relatives and had feedback from one social care professional. The manager also sent us additional requested documentation in relation to staff training and recruitment.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- Staff were not recruited safely. Staff went through a recruitment process, however, we found a lack of evidence of all requirements in relation to recruitment, such as 2 references, previous employment history and, for 1 staff member, evidence of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following our inspection, the manager sent us some documentation which was not available during our visit, but they did not provide us with a second reference for 1 staff member, or their DBS. We did however, receive the DBS for the staff member at a later stage from the manager.

We recommend the provider reviews Schedule 3 which gives information on the checks to be carried out prior to employment of staff to support safe recruitment processes.

- There were sufficient staff to care for people and provide any 1:1 hours' people were funded for. People were seen receiving the care they required without having to wait for staff.
- Staff checked on people wherever they were in the service and accompanied them to the toilet as soon as they indicated they wished to go.
- Staff felt there was enough of them on duty each day and 1 waking staff at night was sufficient to help ensure people were safe out of hours.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place as staff had received training safeguarding and were able to describe to us when they would take any concerns to their line manager. Although, staff were not always able to tell us who they could report concerns to externally, for example, the local authority safeguarding team.
- Incidents of concern or potential abuse had been reported appropriately by the provider and investigations were completed to help ensure people receiving care remained safe. The manager told us, "We include family to take decisions to ensure they (people) are protected from abuse." A relative told us, "She is definitely safe."

Using medicines safely

- Medicine systems were in place and people received the medicines they were prescribed.
- Medicines were stored safely in a locked cabinet and staff did a daily check of the temperature of the cabinet to help ensure medicines were stored in line with manufacturers guidance.

● People were seen being given their medicines in the way they liked them and staff ensured that people swallowed their medicines before administering medicines to the next person.
● People's medicines were reviewed regularly by healthcare professionals to help ensure that over-medicating was not taking place.

Preventing and controlling infection
● We were somewhat assured that the provider was using PPE effectively and safely. Staff were wearing masks during our inspection as they had had an outbreak of Covid-19. Although we saw that staff were not always wearing their masks appropriately. One staff member's mask was constantly falling down beneath their nose, which resulted in them regularly pulling it up. A second staff member had the loops of their mask twisted which meant they had a gap at each side of their mask. We spoke with the manager about the correct way to wear masks and they told us they would carry out refresher training with staff.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Staff were following the last government guidance in relation to visiting as people were able to receive visitors without restriction.

Learning lessons when things go wrong
● Accident and incidents were recorded and actioned. Where an incident did occur, information relating to the incident, action taken and outcome was recorded on the electronic care planning system. The manager carried out a monthly analysis of any accident and incidents to look for learning. We reviewed the last 3 months of analysis and saw no incidents had occurred.
● Few incidents occurred at the service, as people were independently mobile and at low risk of accidents.

Assessing risk, safety monitoring and management
● Risk assessments were in place. People's care plans were linked to a set of risk assessments that outlined how identified risks could be mitigated. Professionals had contributed towards these assessments and had drawn up plans to help staff respond to people's individual circumstances.
● Staff were able to discuss the risks associated with people and the steps they took to mitigate these. For example, in the case of 2 people who were at risk of choking. Staff told us, "We use a two-plate system and put small amounts of the plate in front of [name] so they don't put too much in their mouth at one time."
● One person had epilepsy and their care plan was clear the only staff with epilepsy training should provide care to this person. We saw from the records this was the case.
● Systems in place to check the environment for its safety and to help ensure staff knew what to do in an emergency. Regular fire drills were carried out and staff were able to tell us how they would respond in the event of a fire, which included the meeting point outside of the service.

Good

Is the service effective?

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had lived at Rainscombe House for a number of years and prior to moving in, had an assessment completed by their funding authority.
- These assessments had formed the basis of people's care plans and over the years, care plans had been reviewed and transferred onto an electronic care planning system.
- Regular checks were carried out on people in line with best practice guidance, such as their weights, blood pressure or health conditions. People's support needs were kept under ongoing assessment and additional monitoring introduced when needed. For example, when one person had been losing weight.

Staff support: induction, training, skills and experience
- Staff receiving on-going training and support to help ensure they had the skills and competency to carry out their role confidently.
- Staff received induction when commencing at the service. A staff member told us, "I had 2 days of induction, and I went to other services. I was told everything about clients and what we needed to do during the day."
- Staff training covered a range of topics, such as safeguarding, the Mental Capacity Act, food hygiene, fire safety and care planning. In the main, staff were compliant with their training. A staff member told us, "The training was good. It is normally on-line."
- Staff had the opportunity to meet with their line manager on a regular basis through 1:1 supervision. This gave them the opportunity to discuss their role, any concerns and training needs.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink to maintain a balanced diet. People had detailed nutritional care plans in place which recorded their likes and dislikes. There was a 4-week rolling menu planned with the majority of the meals being home cooked. People appeared to enjoy the food being served to them
- Where people had individual needs around their food, for example, due to cultural reasons, staff respected this, and people were served appropriate food in line with their needs.
- Staff were seen supporting people in a way that reflected their care plan and any identified risks. A staff member told us, "She has to have food cut into small pieces. If I give her a biscuit, I will break it in 2 and give it to her separately and with a drink."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked with external professionals to help ensure people's care was appropriate and in line with

their needs.
● There was evidence of people seeing the dentist, GP, learning disability nurse, psychiatrist and the speech and language therapy team.
● One person had been identified as needing to lose some weight and staff commenced supporting them to go on walks regularly and generally taking more exercise. This had resulted in a positive outcome for the person.
● Staff worked together to help ensure they were up to date with any changes in a person's needs. Staff held handover meetings between shifts to share information about people.

Adapting service, design, decoration to meet people's needs
● People lived in a house that was suitable for their needs. A relative told us, "Overall the environment suits her well. It's a proper home."
● People's rooms were basic, but with some personalisation. One person, who was slightly more independent, had their own en-suite, which gave them additional privacy during personal care.
● The house had a large, level rear garden and was located on a country lane which was quiet and free from traffic. The service had no outward signs to differentiate it from other houses in the area.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Where people lacked capacity to make a decision, staff followed the principles of the MCA. Capacity assessments were in place and there was a record of any best interests discussions or decisions. DoLS applications had been submitted where appropriate.
● The provider had held a Christmas ball for people living across all of their services. Capacity assessments and best interests decisions were undertaken around people attending the ball.
● Staff received training in the MCA but were not really able to tell us what it meant. One staff member said, "It's about people's dignity and supporting them to do things they can't do themselves, like their medication." We mentioned this to the manager during our inspection.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care by staff. Staff spoke with people in a respectful and kind way and attended to their needs as they arose.
- Relatives were happy with the care their family member was receiving. They told us, "Staff are very caring. It's a small unit, which helps develop relationships", "It's a nice, small nurturing home. Staff take care of the little details in life" and, "I think she's pretty happy."
- People appeared comfortable in staff presence and it was evident that staff understood people and what they needed, through their body language and expressions.
- A social care professional told us, "The level of care is very good."

Supporting people to express their views and be involved in making decisions about their care
- Relatives felt their family member was involved in their care. One relative told us, "She has choices. When she goes shopping, she chooses her clothes and to a certain extent her food. They (staff) involve her."
- One person regularly went to stay with their family. The relative told us, "She comes home about once a month. She never worries about going back. She makes the choice to go."

Respecting and promoting people's privacy, dignity and independence
- People were given privacy by staff, for example, when they wanted to use the toilet. Staff ensured the door was closed.
- Staff told us how they felt they showed people respect. A staff member said, "If I am giving personal care, I close the door, so they feel safe with me. If [person's name] has a phone call from her dad, I take the phone to her and leave her to speak with him and their conversation is between her and him."

Relatives had no concerns about staff respecting people. They told us, "I am happy with the care she receives", "I feel he is (well cared for) and I get a sense that the staff are good."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life support

- There was a lack of evidence to show everyone had been involved in their care plans. Care plans had been transferred onto an electronic care planning system which people were not able to access. Although some people still had written care plans in an easy-read or pictorial versions, this did not apply to everyone living at the service.
- Although people had risk assessments in place, these were not always accompanied by care plans. One person had epilepsy. There was clear information in their risk assessment around what staff should do if the person had a seizure, but no care plan explaining possible triggers, etc. in place. Although staff knew this person had epilepsy and they told us they had read people's care plans, they were unable to tell us at what stage they should call the emergency services. One staff member said, "I think after 1 minute", and yet the risk assessment clearly stated 5 minutes.
- Staff did not always use person-centred language. One staff member said to us (about spending time with people), "Sometimes I will play with them" and we read in daily notes that staff had written about someone, '[Person's name] supported for her appointment in regards of her pooing' and, 'she was well behaved' (when at the dentist).
- Some people's care plans did not always contain any life history information. For example, where they were born, who their family was, where they lived before moving to the service, etc. This information is a useful aid for staff to recognise people as individuals, each with their own story. Following our inspection, we were told that some of this information was held in different places (for example, in hard format) and that staff planned to ensure all information was on the electronic care planning system by mid-April 2023.
- Staff had not considered people's end of life wishes as although people had end of life care plans in place, these were blank. The manager told us, "The doctor will tell us if people are unwell and are going to be end of life. We will take advice from them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a lack of understanding around Right support, right care, right culture in the service. Neither the manager nor the staff had heard of it. One staff member tried to describe it telling us, "It's working with people and knowing what they like and don't like. For example, [person's name] doesn't like rice, but she likes mashed potato." This meant staff were not considering people's care in line with this guidance and as such people were not being given a range of opportunities.
- People were not always being encouraged to develop their daily living skills, such as helping with the preparation of meals or snacks. A staff member told us, "We can't give them knives. They will cut themselves. They cannot do things like that." We did read however that people helped with their laundry.

● People were not supported to develop socially as staff had not considered people's access to a wider range of social interaction. We asked the manager and staff if they had considered evening activities for people. They told us, "They've never done it. It's always been this way. They go out in the afternoon, but come back at 5pm as its dinner time. After dinner they relax and then have a shower." The manager added, "They don't like going out in the evening." However, they later mentioned that when people attended the provider's Christmas ball, they stayed out until 11pm.
● Although the house people lived in was suitable for their needs, it was in a remote location which meant people were reliant on transport to be able to go out to activities, local towns or shops.
● We noted people's activity timetables reflected one another's and as such people attended activities as a group, rather than having the opportunity to go to individual activities.
● Following our inspection, the provider's operations manager sent us evidence of working towards opening up more opportunities for people to help ensure they lived life to their full potential.

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Care plans did contain some good guidance and information for staff as well and staff were able to describe people's needs to us in line with their care plan. Documentation included information on nutrition, sleep, personal care, communication, health conditions and mobility.
● People had an activity timetable and participated in activities during the day which included going bowling, for a meal, external group activities and drives out. A relative said, "I like the fact that they (staff) try different things." A social care professional told us, "They (staff) have recently been getting their residents into off-site activities."
● Relatives felt staff knew their family member well and provided responsive care. A relative told us, "Before she moved there, she was a lot more troubled." A social care professional said, "Most of the staff know [person's name] extremely well and [person] herself appeared happy and comfortable."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Some written information was available in ways that were accessible to people, but the manager confirmed that the complaints policy and safeguarding policy were not easily accessible to people. For example, the complaints policy, although in easy read, was on the electronic care planning system and as such not accessible to people.
● Other information was in suitable formats for people. For example, the minutes of the house meetings.
● Staff had a good understanding about people's communication. One person had developed their own version of sign language and this enabled them to communicate their needs to staff.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place which gave information on what someone could expect should they wish to make a complaint. Relatives said they would feel comfortable speaking with staff if they had any concerns.
● No complaints had been received by the service. Staff told us they encouraged people to speak with them if they were unhappy about something.

Requires Improvement

Is the service well-led?

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were some shortfalls in relation to care documentation. Although the manager provided us, following our inspection, with some of this documentation (for example, an epilepsy care plan for one person and some recruitment documents) these gaps had not been identified through routine auditing or reviews.
- In addition, neither the manager nor the staff we spoke with were aware of the Health and Care Act requirement, introduced in July 2022, for all staff to receive training in learning disability and autism. As such, there had been no consideration in how this training was to be rolled out amongst the staff team.
- Following our inspection, we were told by the provider's operations director of plans to roll out Right support, right care, right culture guidance to managers to cascade to staff. In addition, the Health and Care Act training requirement was being actioned.
- We also found the first aid box had numerous out of dates items in it, despite this being check by staff monthly. The manager placed an order for new items prior to us leaving the inspection.
- There were governance arrangements in place at the service. This included auditing medicines, the health and safety of the home, infection control practices and accidents and incidents as well as other regular internal audits based on key activities and functions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives felt happy with the care provided by staff at Rainscombe House. They told us they felt their family member was safe and there was nothing they felt needed to improve.
- Relatives said staff communicated with them well, especially in relation to any part of a person's care that had not gone well. A relative said, "Staff will phone at the slightest thing to let me know. Even if it is a small bump."
- A social care professional told us, "From what I could tell, the culture was good between residents and staff."
- The registered manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. They told us it was important to use these experiences to learn and improve from.

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

characteristics
● People and relatives were encouraged to feedback about the service they received.
● People were supported to have meetings monthly, meeting together with people from two of the provider's other services. The most recent meetings had focused on planning a holiday for people.
● Staff said they felt supported. A staff member told us, "If I need anything, I can phone my manager." Staff said they felt listened to. A staff member said, "We can suggest things in relation to people. When you are a key worker, you know all about a person."

Continuous learning and improving care; Working in partnership with others
● The manager told us staff were currently planning a holiday for people this year. They had discussed this at both the recent staff and house meetings.
● The manager also told us they were working with a social worker to plan new activities for one person.
● The service worked with the local authority commissioning team, psychiatric nurse, GP practice.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured people were being provided with person-centred care.