Mitchell's Care Homes Limited

Rainscombe House

Inspection report

Rainscombe Farm
Dowlands Lane
Smallfield
Surrey
RH6 9SB

Tel: 01342844772
Website: www.m.ch.co.uk

Date of inspection visit:
09 September 2016

Date of publication:
18 October 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 House is a residential home which provides care and accommodation for up to three adults with learning disabilities, autistic spectrum disorders and behaviours that may challenge others. People had varied communication needs and abilities. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs. On the day of our inspection three people were receiving care and support.

This inspection took place on 9 September 2016 and was unannounced.

We carried out an unannounced inspection of this service on 24 November 2015. During this visit we identified areas of concerns where the provider was failing to comply with the relevant requirements of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

We asked the provider to take action to make improvements. The registered manager sent us an action plan that stated these actions have been completed. We undertook this comprehensive inspection on 9 September 2016 to review the improvements made and to see if they met the legal requirements. We identified no serious concerns during our inspection.

The home was run by a registered manager. However they were on leave on the day of 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. We were supported throughout the inspection by the deputy manager and a senior care worker.

The provider did not have a robust process that had ensured people's 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 appeared happy and at ease in the presence of staff. Staff had written information about risks to people and how staff managed these in order to keep people safe. There had been a reduction of incidents of people's behaviour that may challenge since our last inspection.

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.

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 was safe and well maintained.

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

People 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 were not always involved in making decisions about their and choices offered to people were not always recorded. We have made a recommendation about this.

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 care 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, 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 trips to the shops. The choice of activities had been in place for a number of years. The deputy 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. Relatives and visitors knew how to make a complaint. Complaint procedures were up to date. The policy was in an easy to read format to help people and relatives knew how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

The registered manager had quality assurance systems in place, including regular audits on health and safety, medicines and care plans. The registered manager met CQC registration requirements by sending in notifications when appropriate. 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.

People were protected from the risk of abuse and staff were aware of the safeguarding procedures.

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

People received care 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 have enough eat and drink according to their choice and plan of care.

Staff said they felt supported by the manager, and had access to training to enable them to care for people.

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 improved as a result of the care and care they received.

Is the service caring?

Good

The service was caring.

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

Care plans were in place outlining people's care and care 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 were imposed.

The registered manager undertook audits of medication and health and safety issues. The registered manager monitored 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. □

Rainscombe 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 9 September 2016 and was unannounced. The inspection team consisted of one inspector who had experience of caring for people with learning disabilities and autism.

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 two people, three members of staff, and two relatives. We spent time observing care and care being provided. We read two people's care 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.

This inspection was undertaken to check that improvements to meet the legal requirements had been made, after our last inspection on 24 November 2015 identified breaches in regulations.

Good

Is the service safe?

Our findings

At our last inspection we found breaches in the regulation relating to safeguarding people from abuse. As a result we took regulatory action to ensure people were safe from the risk of financial abuse. We found at this inspection that improvements had been made in these areas. However, the provider still has conditions imposed on their registration to and is currently subject to a formal investigation.

People told us they felt safe and did not have any concerns. One staff member said "People are safe, the incidents of behaviour that challenge others has reduced."

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. They said, "I would report anything to the registered manager, team leader or phone the local authority myself."

Staff had sufficient guidance so they could provide care to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed. We observed staff interactions with people during the day. Staff followed guidance as described in the people's care plans.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, bathing and nutrition. One person had an 'epilepsy health protocol' in place so that staff could support the person to minimise the risks during a seizure. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. Staff we spoke to explained what actions they should take if the person had a seizure and how this kept the person safe.

Staff were able to describe risks and caring care practices for people. For example, risk for people and their behavioural triggers. The team leader said one person's behaviour that challenged others had improved and their risk assessments had been reviewed to reflect this as this person no longer needed constant one to one supervision. We spoke with the person's relative who told us they were so pleased at their loved ones progress.

Incidents and accidents that people were involved in were reported appropriately and promptly. We spoke to the deputy 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 were assessed and any new strategies to reduce the risks to a person implemented.

People's medicines were well managed and they received them safely. The team leader said "We always explain to the person about the tablets they are taking. Some people have specific ways they like taking them and it's important to remember this. For example one person always likes them given in their left hand".

There was an appropriate procedure for recording the administration of people's medicines. 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. We observed that staff ensured people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at MAR charts and saw they were completed fully and signed by trained staff. One staff member said "Even if you have been doing them (medicines) for a long time the training is important to ensure you know what you are doing." And "We have competency assessments for medicines."

People who were prescribed 'as required' (PRN) medicines had protocols in place to show staff when the medicines should be given. The GP had signed PRN protocols for people as they had the authority to do so. Staff had guidance to follow and knew when to give people their PRN medicine. There were procedures for safe disposal of medicines.

Relatives said that there were enough staff deployed to meet people's needs. One relative said; "Staff are always available, my (relative) has lots of one to one support, when he needs it." Staff also said there were enough staff on duty. 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 care and supervision at times, particularly when going out of the home on activities or trips. 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 team leader said that the staffing levels were two care staff on shift (during the day). 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 deputy manager said the prospective employee came to the home to meet people and how they interacted with people was observed as part of the recruitment process.

The deputy 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.

Good

Is the service effective?

Our findings

At our last inspection we found breaches in the regulations. Effective procedures were not in place to assess people's capacity for making specific decisions about their lives. As a result we took regulatory action to ensure people were able to express their choice. We found at this inspection that improvements had been made in these areas.

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 bests 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.

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, "MCA is there to ensure people have daily choices and are supported to make big decisions about their lives." Staff were seen to ask for peoples consent before giving care throughout the inspection. One staff member said "We do respect their choice." The senior carer said "I want to see each keyworker imbed offering choices into their practice."

We recommend that the registered manager follows the best practice guidance and the MCA in relation to the Supreme Court Ruling 2014, and ensures assessment documentation is personalised.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example people were unable to access the community without staff present. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. We saw that both standard authorisations and one urgent authorisation had been submitted appropriate to the local DoLS team. The deputy manager told us they were waiting for the local authority assessment team to visit.

People were encouraged and supported to be involved in the planning and preparation 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 people went out for lunch.

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 care 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.

People who had specialist diets such Halal were supported to buy the right foods. Menus were planned around people's personalized dietary requirements and preferences.

Staff received a training programme which included how to care for 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 and manual handling. The training plan showed that all staff were up to date with training. One staff member told us "The training is really good." And "I have undertaken the care certificate." The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers This ensured staff were helped to develop essential skills to provide the appropriate care in a positive and constructive way to meet people's needs.

Care 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 care and development team and chiropodists. We saw individual logs of support that had been provided.

Good

Is the service caring?

Our findings

Relatives told us staff were kind and caring. One relative said, "The staff are so compassionate." They told us they "It's like an extended family." One staff member said "You need passion for this job, and I've got it."

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. We asked one of the staff who was a keyworker about the person they supported and they replied "He is a wonderful man." They were able to tell us the person about all aspects of their life; they did not like dogs, but loved planes. One relative said "My loved one is certainly happy there."

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they cared for. One person said "I like dance." Staff explained how the supported the person to do this.

The deputy manager said people were encouraged to be as independent as they wanted to be. For example, clean their room do their own washing, help prepare meals. Each person did some of their own personal shopping with help from staff. One staff member said "People have a good quality of life."

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.

People who had been assessed as requiring one to one whilst out of the home had this provided with consistency, as the same member of staff was assigned to the person throughout the day. We heard the staff regularly ask people how they were and saw people approach staff when they needed support.

People's preferences and opinions were respected. We observed that one person who was going bowling did not want to go with the staff member allocated, and chose another staff member to support them.

Staff told us they reviewed peoples' care plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings. We saw evidence of these review meetings. The deputy manager showed us a pictorial document they had produced for each person with pictures of where they lived what they liked doing and other relevant information. An external professional told us they are regularly invited to reviews.

The staff explained how they used a variety of communication aids to care 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.

Good

Is the service responsive?

Our findings

People said they had been supported to undertake activities. One person said "I like doing sensory."

People's 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 at the day centre with friends. Another person's daily records described how they had regularly attended a disco 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, 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 current and correct information to people. One staff member said "We really pride ourselves in supporting people to enjoy their life."
People's care plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care 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. The care plans contained a lot of writing and typing and the deputy manager told us they were working towards a simpler more pictorial format that would encourage people to be more involved. They said "All this writing can be off putting sometimes."

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 team leader showed us copies of minutes that included issues people had discussed at the monthly 'house meetings such as menu's and trips out. Some people in the group were planning to go to Butlin's on holiday. However activities and choices did not always show personalisation or encouragement to change.

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. People took part in the daily handover. Staff 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.

There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit one person had been to bowling, other people were going buggy riding. However people's activity logs listed a range of activities that had been in place for two years or more. Most of which were group activities and clubs for people with learning disabilities. There was no evidence to show that the activities were being used to develop people's individual skills, talents or choices. One relative stated "I wander if my loved one gets bored sometimes."

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

personalised.

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

Relatives were aware of how to make a complaint; one relative said "I haven't had to make a complaint." There had been no formal complaints received since the service opened. The team leader showed us the complaints policy and explained how they would deal with a complaint if one arose. The deputy manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary.

Requires Improvement

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open and inclusive. The home had a registered manager. They were not present on the day of inspection, as they were on annual leave.

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.

Relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One relative said "The manager is always there and always approachable."

Staff were positive about the management of Rainscombe House. One staff member told us, "I feel valued as a member of staff." They said the registered manager and provider were approachable and, "Will always listen to you." They also felt they could speak up and make suggestions as the registered manager would always listen to them.

Although the registered manager was not present, we observed members of staff approach the deputy 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 said "I can talk to manger about anything, we meet regularly." 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.

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. Best practice guidance was discussed during these meetings including communication skills and care plan reviews.

The deputy 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 infection control. This enabled the registered manager to identify deficits in best practice and rectify these. This showed that the registered manager was continually assessing the quality of the home and driving improvements. For example one of the audits looked at identified that medicine disposal forms were required, this was actioned and they were obtained from the pharmacy.
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.

We looked at satisfaction questionnaires that people had completed all of which showed positive

comments. One comment said "Premises clean and tidy, bright and cheerful." Another professional stated "Its good communication with staff." Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

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.