

## Rayner House and Yew Trees Limited

# Rayner House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 16 December and 23 December 2014. It was an unannounced inspection.

Rayner House provides personal care and accommodation for up to 26 people. They also provide a personal care service to some people living within the Yew Trees housing complex adjoined to Rayner House.

At our last inspection in April 2014 we identified concerns with people's care and welfare, the monitoring of the quality of service provision and record keeping. At this inspection we found improvements had been made but further improvements were still required.

This home has a registered manager. 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.

People who lived at the home and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included robust staff recruitment, staff training and systems for

# Summary of findings

protecting people against risks of abuse. Risks to people were minimised because people received their care and support from suitably qualified staff in a safe environment that met their needs.

People told us staff were respectful towards them and we saw staff protected people's privacy and dignity when they provided care. Staff were caring to people throughout our visit.

People told us there were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people when they needed it.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were considered in 'their best interests' with the involvement of family and appropriate health care professionals.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, two applications had been authorised under DoLS for people's liberties to be restricted. The registered manager was aware of the impact of a recent

court judgement on the implementation of DoLS and had submitted applications to the appropriate bodies to make sure people continued to receive appropriate levels of support.

People's health and social care needs had been appropriately assessed. Pre assessments were completed before people received care at the home. The manager told us this helped them to make sure people's individual needs could be met before people moved to Rayner House.

Care plans provided information for staff to help them meet the individual care needs although we found these did not always reflect the levels of support people required.

Risks associated with people's care needs had been assessed and plans were in place to minimise any potential risks to people. However some of these risks had not been managed appropriately which had potential to put people at increased risk of harm.

There was a procedure in place for managing medicines safely.

Systems were in place to monitor and improve the quality of service people received but these required further improvements. The manager had action plans in place but did not always follow these through to make sure the improvements had been made.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were systems and processes in place to identify and minimise risks related to the care people received. These included procedures to ensure there were suitable and sufficient staff to meet people's needs. People's needs had been checked and where risks had been identified, risk assessments advising staff how to manage these safely were in place. Staff were aware and trained on safeguarding procedures and knew what action to take to keep people safe. Medication was managed safely to ensure people received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

There were effective systems in place to make sure people and relatives were involved in the decisions about the care provided. Where people did not have capacity to make certain decisions, records showed support was sought from family members and healthcare professionals in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were provided with a choice of meals and drinks that met their individual dietary needs. People were referred to relevant health care professionals to ensure people's health and wellbeing was maintained.

Good



### Is the service caring?

The service was caring.

People were treated as individuals. Staff understood people's personal preferences, knew how people wanted to spend their time and understood how to involve people in the care they received. People were supported with kindness, respect and dignity and staff were patient and attentive to their needs.

Good



### Is the service responsive?

The service was not always responsive.

The systems to make sure people's care needs were managed and responded to when they had changed was not robust enough to ensure people received the appropriate levels of care. Staff supported people to participate in a range of activities and people told us they were happy with the support they received and had no complaints about the service.

Requires Improvement



### Is the service well-led?

The service was not always well led

Requires Improvement



# Summary of findings

People spoke positively about the registered manager and staff felt supported. There were systems in place to monitor the quality of service people received, however areas identified for improvements were not always acted upon promptly.

# Rayner 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 was 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 16 December and 23 December 2014 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. What we found on the day supported what the provider had told us.

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at this service) and safeguarding referrals. We also reviewed information from the public and whistle blowing enquires. We spoke with the local authority who confirmed they had no additional information that we were not already aware of.

We spent time observing the care and support people received in the lounge and communal areas. We spoke with four people who lived at Rayner House. We spoke with six staff and a visiting health care professional. We also spoke with the registered manager and deputy manager.

We looked at four people's care records and other records related to people's care including quality assurance audits, complaints and incident and accident records.

# Is the service safe?

## Our findings

We asked people who lived at Rayner House if they felt safe living at the home. We asked them whether they felt safe with staff, other people and visitors. We also asked them if there were enough staff to look after them and whether they received their medicines on time. One person told us, "Yes I feel safe, I can lock my door if I need to but I leave it open." This person also told us, "Staff treat me well and I get my medicines when I need them." Another person said, "I began to neglect myself in my own home but since I have been here I have improved and I am safer."

We asked staff how they made sure people who lived at the home were safe and protected. All the staff we spoke with had a clear understanding of the different kinds of abuse. Staff knew what action they would take if they suspected abuse had happened within the home. For example, one staff member said, "I would report it to the manager, the trustees and contact social services".

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which provided additional details and contact numbers for staff should they be required. The manager was aware of the safeguarding procedure and knew how to make referrals in the event of any allegations received.

We saw the provider had plans in place to ensure people were kept safe in the event of an emergency or unforeseen situations. Plans provided information to staff about the action to take in the event of an unexpected emergency that affected the delivery of service, or that put people at risk. For example, the actions staff needed to take to ensure people remained safe and protected in the event of a fire. Staff we spoke with understood what they should take in the event of an emergency.

Staff had a good understanding of where people may be at risk and how to respond in the best way for the person. Where people required constant supervision and were unable to leave the home, staff found ways of diverting people to reduce their anxieties. This helped make sure the person, staff and other people remained as safe as possible.

Records seen demonstrated staff had identified where people were at risk and action had been taken to reduce that risk. For example, one person was at a high risk of

falling and received additional support from staff during the day to minimise the risk of further falls occurring. This helped protect people from further incidents and accidents and helped maintain their health. Risk assessments and action plans were regularly reviewed and updated by senior staff.

All the people spoken with said there were enough staff. The registered manager did not use a dependency tool to calculate staffing numbers. The registered manager told us they did not have any people who had complex care needs and believed the staffing levels supported people's needs. Staff we spoke with said they thought there were enough staff to meet people's individual needs. During our visit we found staff responded quickly when people rang their call bells and people we spoke with said staff usually responded quickly when they pressed their call alarm.

We saw staff supported people at their own preferred pace. Staff were not rushed and spent time engaged with people in conversation or supporting people to move around the home. Staff were observed supporting people in all of the communal areas and in people's rooms to make sure people remained safe and received the support they needed.

Records were seen which confirmed staff had been through appropriate checks prior to starting employment such as DBS (disclosure barring service) and reference checks to ensure they were safe to work in the service. The registered manager told us they had improved their systems by requesting new DBS checks for all of their staff. The registered manager said "It gives us more reassurance people are kept safe because the information we hold will be updated." Staff we spoke with confirmed this.

We looked at four medicine administration records, to see whether medicines were available to administer to people at the times prescribed by their doctor. The records showed people received their medicines as prescribed. One person said, "I get my medicines every day." We found the provider had a safe system for recording the disposal of medicines that had either been refused by people who used the service, or where there was an excess quantity at the end of a medicine cycle.

We also looked at the process for administering controlled drugs and found they were stored safely and securely.

## Is the service safe?

There was a system in place to make sure these medicines were administered, checked and signed for by two staff members which minimised risks to people of receiving inappropriate medicines.

# Is the service effective?

## Our findings

People spoke positively about the care delivered by staff at Rayner House. Staff had a good understanding of the needs of people and had the knowledge and skills to carry out their responsibilities effectively. One staff member told us, "I think I have had the training I need to look after people here." Another staff member told us, "I am doing my National Vocational Qualification level three and have asked to do medication training. They are looking into it."

Staff told us they received training that was essential to meet people's needs such as moving and handling, safeguarding, dementia and infection control. The registered manager had a training schedule that meant they reviewed staff training regularly to ensure any further training that was required, was completed. This helped staff to keep their skills and knowledge updated. During our visit we observed staff putting their training into practice. For example, staff used the correct protective equipment when providing personal care to people.

Staff told us they felt supported in their roles. Formal supervision meetings had not taken place as regularly as planned, but the registered manager was in the process of putting a system in place to ensure they were completed on time. We saw some supervision records that showed us staff received an annual appraisal as well as observations of staff when they were working in the home. The registered manager told us they discussed staff performance and identified any training needs that helped staff support people more effectively. One staff member said, "I feel supported in my learning and development here."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The MCA protects people who lack capacity to make certain decisions because of illness or disability. Mental capacity assessments were in place and reviewed regularly. Capacity assessments for individual decisions involved the person, their family and appropriate healthcare professionals. We found staff followed the principles of the Act when providing people with support and respected the right of

people with capacity to make decisions about their care and treatment. For example, one person chose to have minimal support. Staff explained, "We know [person] has capacity to make this decision."

DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager was aware of a recent court ruling on the legislation which meant the criteria for applying for a DoLS had changed. The registered manager had submitted two DoLS applications to the local authority which had been approved and was following the directions of those applications.

People we spoke with told us they been asked for their consent before they were given any care or treatment. We spoke with staff who provided care to people. Staff we spoke with explained to us how they gained consent from people before providing personal care. For example, one staff member said, "It's up to them. It's their choice and wishes." Another staff member said, "I always ask them, would you like me to do this, or shall I do this. I always tell them what I am doing." We saw records that showed people and relatives had consented to care plan reviews or photographs being taken. This showed staff recognised the importance of ensuring people agreed to any provision of care before they carried it out.

Care records confirmed that people were referred to other healthcare service providers when a need was identified. For example, people who had difficulties swallowing had been seen by the speech and language team to determine whether they required a soft food diet or thickeners in their drinks.

We found professional visits were recorded, however the details of what care and support advised by the healthcare professional were not always clear. One person had pressure areas on their heels and was supported by external physiotherapists. As the details of the visits had not been recorded, staff we spoke with were unclear as to the advice given by the physiotherapist. The registered manager assured us they would contact the physiotherapist so that this person's care and support would be delivered in accordance with the directions of the healthcare professional.

During our visit we observed that people received support to eat and drink and maintain a good diet. Records showed



## Is the service effective?

that people's nutritional risks and needs were assessed, monitored and managed to ensure they had sufficient foods and fluids. Where people were at risk of malnutrition or dehydration staff completed food and fluid charts to ensure people's nutritional health and wellbeing was supported.

People told us they were offered a choice of food which they confirmed they enjoyed. Comments included: "The food is very good, they come round in the morning and ask what you want" and "You always get plenty to drink."

# Is the service caring?

## Our findings

People told us they thought staff were caring and kind. One person told us, “It is first class. They look after you and I couldn’t be in a better place. Since I have been here I am more alive. I couldn’t be in a better place.” Another person said, “The staff are very kind and no one looks down on you.”

We asked staff what caring meant to them. One staff member said, “It’s how you treat people and the way you speak to them. I treat them how I would want to be treated.” During our visit staff were friendly, approachable and kind to people who lived in the home.

Staff supported people at their preferred pace and staff spent time helping people who had limited mobility to move around the home. People received care from staff who knew and understood their personal background, likes, dislikes and personal needs. People told us they received support from staff to make day to day choices. For example, people spoken with said they were given choice about what they wanted to do, what they wanted to wear and when they got up or went to bed. One person told us they preferred their own company but said, “Staff know what I like, and they [staff] leave me to do what I want.” This person also said, “You can do whatever you want to do.”

During the day staff offered people choices about different aspects of their day to day lives such as what they wanted to eat and drink and how they wanted to spend their time. We asked two people who were independent and liked to do things for themselves, whether staff had the balance right between helping them and promoting their independence. They replied, “They know my needs and let

me do things for myself, especially having a wash because I can do this myself” and, “I am independent but they always ask me if I am okay.” Staff demonstrated how they promoted people’s ability to remain independent. One staff member said, “I ask if they need help, I give them their toothbrush or flannel and ask them if they want to do it. I talk with them as much as possible to make them relax. It is about them doing what they can because it is important for people to do as much for themselves.”

We asked people if when providing personal care to them, staff retained their dignity and treated them with respect. People told us they did. One person told us, “I need help washing. Staff have not made me feel uncomfortable and they explain what they are doing.” Staff we spoke with understood how to treat people with dignity and respect. They told us they would shut doors and curtains if providing personal care, and use towels to cover parts of the body not being washed to maintain people’s dignity.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were friendly, engaging, respectful and referred to people by their preferred name. We saw people appeared relaxed in the company of staff and each other and were chatting and laughing. One person we spoke with said, “I get on with everyone.”

People’s care records and staff personal records were stored securely in the registered manager’s office, so people and staff could be reassured that their personal information remained confidential.

People told us their friends and family members could visit whenever they wanted. One person said, “My family come and see me, there are no restrictions.”

# Is the service responsive?

## Our findings

When we last inspected the service in April 2014, we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 and associated Regulations because the care records were not always maintained and reviewed when people's needs had changed. At this visit, we still had concerns. People's care records were not always accurate, and staff did not always have the necessary information and knowledge to care for people when their needs had changed.

We looked at four people's care plan records. We found these records were not always completed and they did not provide staff with the relevant information they needed to meet people's assessed needs safely and consistently.

We looked at one care record for a person who had pressure areas. This person received support from a physiotherapist to help maintain blood flow and movement that helped minimise the risk of infection. We spoke with the physiotherapist and they told us this person needed to complete exercises three times a day, with the support of a staff member. We spoke with this person and they told us, "Staff seldom help me, I want help as it would make things better." We asked this person how often they needed to do their exercise. This person said, "I am not sure how often I should do them." We spoke with staff and the registered manager and it was clear they were unsure how often this person was required to do their exercise. Staff responses showed inconsistencies in their understanding of the levels of support they were required to provide to the person. This person's care records and exercise records had not been completed on a regular basis so we were unable to check how often the exercise programme was actually being completed.

We looked at another care plan for a person who was at risk of falls. This care plan had been reviewed in December 2014 and we were told it matched the support the person required. Incident and accident records showed this person had fallen 13 times in a 12 month period however, this person's care records did not record their falls history. We saw this person had a chair alarm mat in place that alerted staff when the person was getting up. This meant staff could minimise the potential of further falls. We were told the chair mat was broken but no members of staff we spoke with knew when the chair mat stopped working. There were no other systems or information in place that

helped staff to monitor and protect this person from the risk of further falls. Other care plans for this person such as manual handling, mobility and personal safety had not been completed and contained no information for staff to care for this person appropriately. This meant people were at risk of receiving inappropriate care and treatment because the care records and review processes that ensured people's needs were responded to was not robust enough to protect people.

This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's needs had been assessed before they moved to the home. This was important because it helped the staff know whether they could meet people's individual needs before they moved into the home.

People told us there were a range of activities and interests that kept them occupied. One person told us, "We have outside entertainment and I went to the zoo. I have an active brain so it's good to be involved." People told us they visited the day centre that was next to the home so people were involved in a range of interests and hobbies. People were also involved in art classes. One person said, "I like painting. Some of my paintings are on the wall." We found people were involved in planning Christmas parties and the home had a party planned for the relatives of people who used the service. We spoke with people who preferred not to be involved. They told us staff always asked if they wanted to join in, so people did not feel isolated or excluded.

We saw information about how people could make complaints about the service was displayed in the communal hall and also displayed in people's rooms. People we spoke with told us they would raise any complaints or concerns with the manager or deputy manager, although no one we spoke with had raised any issues.

There had been three formal complaints in 2014. One particular complaint involved the assessment process. The registered manager told us they had learnt from this complaint and as a result changed their assessment process to reduce the chance of further complaints being made. We found all the complaints had been thoroughly investigated and a full and detailed response had been

## Is the service responsive?

sent to the complainant with an action plan to address the issues identified. The provider had responded to the complaints in line with the complaints policy and procedures.

# Is the service well-led?

## Our findings

When we last inspected Rayner House in April 2014 we found there was a breach of Regulation 10 of the Health and Social Care Act 2008 as the systems that monitored the quality of service people received were not effective. We asked the provider to send us an action plan telling us how they intended to make those improvements. The provider told us they had plans in place to update peoples' care records by September 2014 and the systems that monitored the quality of service would be in place by October 2014. At this visit, we had concerns that further improvements were still required.

We looked at the incident management system that was in place. This system recorded incidents and accidents that occurred in the home. However the outcomes from these incidents were not always documented which meant the opportunity to learn lessons could be missed. It was also not clear what action should be taken when a repeat of incidents or accidents occurred. For example, when people had fallen, there was no system that identified when or what action should be taken, such as seeking advice from a GP or the falls team (external health care provider who can provide advice, support and equipment to minimise potential of further falls). The registered manager told us what action they would consider, but this was not recorded. The lack of effective reporting of incidents meant there was a risk that preventive action might not be taken because there was no analysis of incidents that identified any emerging trends and themes.

We found the quality assurance and audit processes in place were not robust as actions identified to bring about improvements were not always completed. For example, we looked at an infection control audit completed in July 2014 where an action plan had been put in place to address the issues found. One identified action was that bowls in people's bathrooms should not be kept on the floor. We checked two bathrooms and found bowls on the floor. Staff spoken with told us this was where they should be kept. We also checked whether soap dispensers and towel holders were fitted in people's private rooms. The plan showed that this was action that was to be completed by 31 November 2014. We found all the rooms on the first floor still required hand towels and 22 soap dispensers still

required fitting. We also checked a downstairs bathroom that had damaged tiles which had potential to increase the risk of infection. We found these tiles had not been repaired which also had potential to cause people injury or harm.

In addition, although care plan audits were completed by the registered manager, we found care records that had been reviewed that did not support people's current needs. These audits had not identified that these records were not up to date and did not contain the relevant information or guidance for staff to follow. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and rectified in a timely way. The registered manager said, "We are not good at recording what we have done or following things up."

We looked at other audits and checks undertaken by the registered manager to ensure that the service was offering a good service. For example, monitoring of staff's supervision meetings, health and safety, medicines and maintenance of the building. Where improvements had been identified, records were not completed that supported the actions taken. The registered manager did not have any systems in place to assure themselves that any tasks, for which they had delegated responsibility, had been completed satisfactorily. The registered manager acknowledged they needed to improve their monitoring systems and keep appropriate records that demonstrated what action they had taken.

People and their relatives were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw records of minutes and found some of the issues raised had been addressed. However, there were some examples where improvements that had been identified had not been made. For example in October 2014 people said they could not read the complaints procedure and wanted it printed in large print. The registered manager told us it had not been completed and gave no reasons why it had not been actioned.

This meant the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they found the registered manager and staff approachable although all of the people spoken with had not raised any issues or concerns. People told us the

## Is the service well-led?

registered manager was available to speak to when they wanted. Comments people made were, “If I had any issues I would go to the office”, and “We can speak to her [registered manager] if we want to.”

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. One staff member said, “Yes, I feel supported.” All staff spoken with told us if they had any concerns they felt comfortable and confident to approach the registered manager for support.

The registered manager told us they had an ‘open door’ policy and staff, people and relatives could speak to them anytime. People confirmed this and we also saw the registered manager engaged with people and visitors during our visit.

The registered manager submitted the requested Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standards of care. We found some information contained in the PIR was confirmed at our visit. However the information provided about the quality of care plans, records and the effectiveness of the quality assurance processes was not evident by what we found at this inspection. The registered manager was registered with us and understood their responsibility for submitting notifications to the Care Quality Commission.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**People's care had not always been delivered in a way that ensured their welfare and safety or in a way that met people's individual needs. Regulation 9 (1)(b)(i)(ii).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

**The service did not have effective procedures for regularly assessing the quality of services provided. Regulation 10(1)(a)(b).**