Rayner House and Yew Trees Limited

Rayner House

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on Monday 18 April 2016 and was unannounced.

Rayner House provides personal care and accommodation for up to 26 people. They also provide a personal care service to some people who live in the flats within the Yew Trees housing complex next to the home. On the day of our visit, 26 people received care at the home, and two people from the Yew Trees Housing Complex received personal care.

At our last inspection on 16 and 23 December 2014 we identified concerns with quality monitoring in the home. We also identified concerns with the delivery of care to people to ensure they were safe. We asked the provider to take action to make improvements. At this inspection we found improvements had been made.

The registered manager had recently cancelled their registration as manager at the home, and the new manager had applied to the CQC to be registered with us. The new manager had worked at the home since June 2015 in a management capacity to support the previous 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 2008 and associated Regulations about how the service is run.

People at the home were supported by staff who were kind, caring and who understood people's needs, wants and preferences. People's privacy and dignity were upheld by staff.

Sufficient staff were on duty to meet people's needs. The provider's recruitment practice provided assurance that all measures had been taken to recruit staff who were safe to work with people. Staff received training and management support to help them effectively meet people's needs and to keep people safe.

People were supported in line with the principles of the Mental Capacity Act. The manager understood the importance applying for Deprivation of Liberty Safeguards (DoLS) when there was a need for restrictions to be placed on people's care to keep them safe. No-one who lived at the home was under a DoLS at the time of our visit.

People enjoyed the food provided and the choice of meals available to them. Timely referrals to the relevant healthcare professional were made when staff had concerns about people's health. People also received healthcare support to maintain their well-being. People received their medicines as prescribed.

Group and individual activities were provided for people's enjoyment. Staff supported people, where

possible, to continue to pursue their individual interests and hobbies.

People knew how to make a complaint if they needed to, although no formal complaints had been made since the new manager started at the service. The manager encouraged open communication with people, relatives and staff, and they in turn, confirmed this was the case.

Quality assurance systems were used effectively to drive improvements in the home. The board of trustees provided good support to the manager in ensuring the home met the needs of people who lived there.

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 is safe.

Sufficient staff were recruited to meet people's needs, and recruitment practice reduced the risks of the provider recruiting unsuitable staff. Staff understood how to keep people safe, and managed identified risks in relation to people's care. People's medicines were managed safely.

Is the service effective?

Good

The service is effective.

Staff understood and worked with the principles of the Mental Capacity Act. Staff received training and support to meet people's needs. People enjoyed their meals and the choices available to them. People's health care needs were met through timely referrals to healthcare professionals.

Is the service caring?

Good

The service is caring.

Staff were kind, caring and supportive of people. People's dignity and need for privacy was respected. Visiting times were not restricted and visitors were made welcome by staff.

Is the service responsive?

Good

The home is responsive.

People were supported to take part in activities. People were involved in decisions about their care so that care was provided in the way they preferred. Care records provided staff with the information they needed to respond to people's needs. The complaints procedure was accessible to people and their relations.

Is the service well-led?

Good

The home is well-led

The manager was approachable, and people, their relatives and

staff, felt able to speak to them at any time. The board of trustees were active in providing support to the manager in meeting people's needs. Quality monitoring systems were used to identify and act on any concerns and to make improvements in the quality of care provided.

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 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 18 April and was unannounced. One inspector conducted this inspection.

During our visit we spoke with nine people who used the service and one relative. We spoke with five care staff, the chef, and the manager. We also spoke with a healthcare professional who was visiting the home.

We reviewed the information we held about the service. This included, information received from relatives, previous inspection reports and statutory notifications the provider had sent us about events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We looked at two care records, supplementary records, medication administration records, quality assurance records and records of internal inspections undertaken by the trustees of the home.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm because staff had a good understanding of the provider's procedures about safeguarding people. People felt safe to inform staff if they had any concerns or worries. All people we spoke with told us they felt safe with staff. For example, one person said, I feel safe here; I would feel able to tell staff if I was worried about anything."

The manager notified us when they made referrals to the local authority safeguarding team and followed the local authority procedures to ensure people were kept safe from harm. One notification was made because a person had felt safe to talk to staff about their concerns. Staff had responded with sensitivity to the person, and the allegations had been investigated by the appropriate external authorities.

All staff had undertaken further safeguarding training. Staff knew what the safeguarding procedures were, and when to report their concerns. For example, we asked one member of staff what they would do if they saw another colleague lose their temper and shout at a person who lived at the home. They told us, "I would stop them first, and then report it because it is abuse." They went on to tell us they knew what to do if their allegations were not taken seriously by management. They said, "There is a whistleblowing number we can phone, or we can contact the CQC." Contact details of who and where to report abuse were on a notice board on the ground floor which were also visible to people and relatives who visited the home for them to use if needed.

Staff managed the risks associated with people's health and well-being appropriately. Potential risks such as falling, skin damage and weight loss were assessed. When the person was assessed as being at potential risk of harm, care plans were written to provide staff with information about how they should work to minimise people's risks to keep them safe.

The manager checked the accident and incident reports once a month. This check determined whether action was required if a pattern or trend emerged from the accident or incident reporting. As a result of these checks the manager had identified one person had fallen several times. To try to reduce this risk, alert mats had been put on the floor in the area the person was most at risk of falling. This was to alert staff if the person touched the mat. An alarm had also been set to remind staff to check the safety of the person regularly.

We saw sufficient staff on duty to meet people's needs. Most people who lived at Rayner House and those supported at the Yew Tree complex had low dependency needs. The staffing levels reflected this. Both staff and people told us there were enough staff to meet their needs. One person told us, "On the whole there are enough staff unless people go off sick and then ring up on the day they go off." They told us there had been a lot of sickness in the past, but not now. Another person told us, "Staff are really nice; I think there are enough of them."

We asked people if staff responded quickly when they used the call bell. People told us they mostly did not need to use one, but when they did, the response time was acceptable. The staff numbers on duty at the

weekend were less than during the week. We asked why numbers were reduced as it was not clear why people's care needs would be different during the weekend. The manager was not sure of this and said they would check to ensure the number of staff on duty at the weekend continued to meet people's needs. The manager also highlighted to us the importance of ensuring there was the right skill mix of staff on duty during each shift. For example, they ensured each shift had sufficient experienced staff to support people, as well as, to support newer and less experienced staff, who worked at the home.

The provider's recruitment procedures ensured suitable staff were employed to work with people. Recruited staff could not work until their references and Disclosure and Barring Service (DBS) checks had been returned and checked to confirm the person was suitable. The DBS is a national agency that keeps records of criminal convictions. A new member of staff confirmed they had to wait until the checks had been completed before they started work. They said, "My DBS check came through quickly, just over a week, but my references took a while to come through." The manager told us they had become aware, in response to an incident, that not everybody who provided services to people at the home had been DBS checked. This had been rectified as soon as the omission was identified.

The home had a business continuity plan which identified what staff should do in the event of different emergencies such as fire, gas leaks and water stoppages. The manager was in the process of updating this as they did not feel it provided sufficient information. For example, whilst there were evacuation plans for people, there was no identified place of safety people could go to in the event of them not being able to return to the home.

People told us they received their medicines as prescribed. One person told us, "They [staff] come every morning and evening to give me my tablets. They give them to me at certain times, and they come at the time expected."

Medicines were stored in a medicine room where air conditioning had recently been installed. This ensured the temperature of the room did not exceed the maximum temperatures given by manufacturers for medicines to retain their effectiveness. The room was clean and well ordered. Medicines were ordered and disposed of in a timely way to ensure people received the right medicines at the right time.

Medicine administration records showed the correct number of medicines were available when compared against the number recorded as being in stock. Staff had undertaken training to ensure they administered medicines correctly. Their administration of medicines was also checked regularly through medicine audits completed by management to ensure they continued to be competent to administer medicines.

Some people who lived at the home had diabetes and required blood-glucose testing to check their blood sugar levels were safe. The manager told us staff competency in carrying out this testing had not been checked. They agreed to include this with the other medicine competency checks and sent us a copy of the monitoring form they planned to use. This included checks that staff understood what they needed to do if a person's glucose levels were too high or too low and observations of insulin injections and blood-glucose testing to ensure staff knew what they were doing.

Good

Is the service effective?

Our findings

People who lived at Rayner House had their needs met by a staff group who had the right skills and knowledge to support them with their care. One person told us, "Staff are really good." Another said, "The care workers are very good."

Staff told us they had received training considered essential to meet people's health and social care needs. This included moving people safely (including the use of equipment such as hoists), infection control and basic dementia awareness training. Staff new to the organisation undertook the Care Certificate. To receive the certificate, staff had to demonstrate to the assessor they had the skills, knowledge, values and behaviours expected of a care worker before they were 'signed off' as having achieved the required level of skills and knowledge to support people effectively.

Staff had also undertaken various levels of National Vocational Qualifications in health and social care. This meant they were continuing to learn and develop as health and social care practitioners, to support the care and welfare of people who used the service.

The management team supported staff with regular one to one supervision sessions. Staff told us they found supervision sessions useful because they, "Talk about their strengths and weaknesses", and were supported to improve their practice. Staff new to the organisation had a period of induction. This meant they were given time to work alongside (shadow) more experienced staff before they worked on their own. A new member of staff told us they had initially worked alongside more experienced staff but were now working on their own. They said, "Management have been helpful so far, if I'm not sure about anything I know, I just need to ask." Monthly staff meetings provided staff with information, and opportunities to discuss care practice. These were held in the afternoon and evenings to ensure night staff could attend.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

During our visit, people made their own decisions about their daily life, and staff checked people gave their consent to any support they offered them. Staff had a good understanding of the MCA. For example, one member of staff gave us a scenario of a person who might be assumed as not having capacity because they did not understand what was being said. The staff member said the person might have difficulty in hearing and if staff talked more slowly they would be able to fully understand. They also said they would write

something down if they felt it would help a person understand, or at meal times they would show the choice of meals to help people make their own choices.

At the time of our visit nobody who lived at Rayner House was under a DoLS. The manager was aware of their responsibilities to apply for DoLS when appropriate, and previously two applications for DoLS had been agreed. People who lived at Rayner House had the capacity to make their own day to day decisions.

People were supported to eat and drink and maintain a diet suitable for their health and well-being. Most people told us they enjoyed the food provided at the home. One person told us, "The food overall is good, I haven't had to leave anything. We get a choice, It is freshly made here." Another person told us, "The food is marvellous and I've had plenty."

The cook knew people's likes and dislikes. They explained they spoke to each person in the morning about the choices available for meals that day. If a person did not like the two choices on the menu they would discuss with the person what they might like as an alternative. This meant each person always received a meal of their choice.

At the time of our visit there was nobody who lived at the home who had complex needs in relation to their eating and drinking. There were a few people who lived with diabetes and the menu and choices catered for their needs.

Staff monitored people's weights each month to check whether people's weights were stable. If people had gained, or lost weight they were referred to the dietician and GP for advice and to see whether there was any underlying healthcare condition.

People were supported to see healthcare professionals when necessary, and receive on going health care. This included people seeing a GP from a local practice who visited the home each week. We spoke with the GP during our visit. They told us, "Staff are excellent and well organised." They also said there was a good working relationship between the home and the GP practice. They felt staff were very caring and knew when best to call the practice or paramedics.

People told us their other healthcare needs were met. One person said, "I had an eye test. I had something wrong with my eye, they sorted it out." Another told us they had broken a tooth and they saw the dentist. People were also supported by chiropodists, district nurses, opticians, and other healthcare professionals when needed.

Good

Is the service caring?

Our findings

Throughout our visit staff were friendly and supportive to people. A couple of people commented to us about staff they particularly liked and who they felt were special to them. People were seen spending time speaking with the receptionist, the management team and the care staff group. All provided friendly support and engagement with people. A person who was staying at the home on a short term basis for 'respite' care told us, "I have had the most fun. I'd heard bad things about care homes but this place is lovely." People who lived at the home told us, "Staff are very kind and helpful."

Staff knew the people they cared for and supported. They knew about people's personal histories and their preferences to help them provide more individualised care. Care plans supported staff with this knowledge. People told us they were involved in making decisions about their care. One person told us, "If my needs changed I could talk to the staff, that is one of the blessings being here, they are good staff." Another told us that staff talked about their care and asked if there was anything they would like done differently.

A relative told us the home helped them celebrate their relations special birthday by laying out tables and providing lunch. They told us, "It was really lovely."

Staff treated people with dignity and respect. For example, a member of staff noticed the clothing a person wore was not being worn in a way the person would have wanted. They discreetly told the person and adjusted their clothing. The person was very happy they had done so and told us it was important for them to look smart. The staff member's actions respected the person's dignity. Another person was seen getting a little tired walking up the hallway. A member of staff took their arm and gave them some assistance whilst walking, and talked kindly to the person whilst doing so.

We asked people if staff retained their dignity and treated them with respect when providing personal care to them. People told us they did. One person had provided personal care to others when they were younger and understood what was expected. They told us staff supported them well. They said, "Staff are very pleasant, They're all very polite and patient." A relative told us their relation was supported to have a shower, and, "They respect [person's] dignity when they do this."

We asked staff what they did to ensure people's privacy was respected. One member of staff told us, "When giving a person a wash, we put the towel over them to cover them up." When staff supported people in their bedrooms they ensured the bedroom door was shut for privacy. They also used a door label to inform others not to enter the room when personal care was being provided. Staff knocked on people's doors before they entered their bedroom as a mark of respect that this was the person's own personal space.

During our inspection people's relatives and friends visited them. Visitors did not have restricted visiting times although they were not able to sit in the dining room with their relations as meal times. This was because mealtimes had been designated as 'protected' time. Whilst meal times in the dining room were 'protected', visitors could eat meals with people in their bedrooms if they wished. The home was happy to provide visitors with snacks and full meals and there was a price list made available to them.

Good

Is the service responsive?

Our findings

At our last inspection we had concerns that 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. This was a breach of Regulation 9, Care and Welfare of People who use services.

During this visit the manager told us they had re-written every person's care plan. This was not only to make sure they provided the most up to date information regarding the needs of people, but to also individualise each record so the focus of the care records was on what the person needed, wanted and liked.

We looked at two care records. These contained information about people's physical needs as well as their emotional needs and how staff should support them. There were both long and short term care plans. For example, there were short term care plans for when people had a urinary tract infection, or other short term ailments. The records were reviewed each month and changes made when required. This meant the home had carried out the necessary improvements to ensure staff had the information they needed to meet people's needs.

Staff tried to be responsive to requests from people. One person we spoke with had a medical condition which meant their eyesight was deteriorating. They told us they had asked if they could have a bedroom with more light. Their request had been taken seriously and they were offered a lighter room when this became available. They told us they had accepted this offer and it had made a positive difference to them.

People were encouraged to be independent. They told us staff supported them with some aspects of personal care but encouraged them to continue to do what they could for themselves. Staff encouraged independence with personal care. For example, a member of staff told us "We try to get people to be independent and do what they can, it depends on circumstances." We saw people's independence was supported at meal times. Side vegetables and sauces were put into serving dishes so that people could serve themselves with the amount of vegetables and sauces they wanted. Staff helped people only if they could not manage this on their own.

People were supported to follow their interests and take part in social activities. For example, one person told us the theatre was the "love of their life" and staff had occasionally supported them to attend. They said, "[staff name] is excellent, and there is a fella who has taken me once or twice." Another person told us they liked to go to church on a Sunday and staff helped them get ready so they would be on time for the service. We saw one person reading their newspaper. They told us they had always read the same paper before they lived in their own home and staff had helped them to ensure it was delivered daily to read at Rayner House.

People told us activities were provided at the home and these were both group activities as well as individual. One person told us, "I couldn't be in a better place, I have good food, and there's entertainment. I'm interested in doing anything as it exercises your brain and body and fills the day." This person also told us, "They've had tea in the garden in the summer – it gets you out in the fresh air." Information about the

organised activities was displayed on the notice board at Rayner House. This information was also on the provider's website so relatives and friends would know what activities were on offer. People at the home also had the opportunity to join activities with people who used the Yew Tree apartments, and at the Shepherdson Court day centre on the same site as the home. These activities included music and movement, general knowledge quizzes, bingo, and chair exercises to music.

People had completed art work and we saw their paintings on display. We were told an artist came to the home every few months and worked with people for a period of a few weeks on their art skills. A person told us, "Quite a few people come for the arts." Staff told us this was a popular activity.

The manager allocated a worker each day to carry out individual activities with people if they wished. These included card games or dominoes, or sitting and talking with people. A staff member told us, "Each day one of us is allocated to do activities. Sometimes nobody will want to do anything so we will have a chat with them instead."

Information about how people could make complaints about the service was displayed in the communal hallway. The manager told us there had been no formal complaints about the service since they took responsibility in June 2015. People and relatives told us they would feel able to make a complaint if they had any concerns. One person said, "I would be able to talk to the manager and staff if I had any concerns." Another told us they had spoken to the manager in the past about concerns and these had been dealt with.

Good

Is the service well-led?

Our findings

At our last inspection on 16 and 23 December 2014 we were concerned that the systems to check the quality of care provided at the home were not robust, and the manager was not acting on the improvements identified. This was a breach of Regulation 17, Good governance.

Since our last inspection a new manager had taken charge of the home. The previous registered manager had cancelled their registration and no longer worked at Rayner House. Prior to their leaving, they had not worked at the home as a manager for some time following our last visit. The new manager started work at the home in June 2015 as an agency relief manager and continued to work at the home in a management capacity until they were offered the permanent post of manager in March 2016. They were in the process of applying to be registered with the CQC.

The new manager had made a number of changes to the home. They had changed the way care records were written and had supported staff in learning about person centred recording. They had ensured there were quality monitoring checks undertaken to ensure people's wellbeing and keep people safe. They had taken action when monitoring checks identified concerns. For example, they noticed that housekeepers only worked during the day and this meant any housekeeping tasks that occurred in the evening had to wait until the next day or care workers had to add this to their list of duties. In response to this they were looking at new rota patterns to provide people who lived in the home housekeeping cover for the evening.

The manager had also changed the management structure of the home. Staff in management positions had specific responsibilities which the manager oversaw. For example, they undertook monthly medicine management audits and infection control audits. The manager checked these and had had noted the temperature in the medicine room was at times exceeding manufacturer's guidance on the storage of medicines. This meant the effectiveness of the medicines could be compromised. The manager took this concern to the board of trustees and it was agreed air conditioning could be installed in the room to keep it at an appropriate temperature. This demonstrated the provider was responsive to identified concerns.

The manager told us they received good support from the board of trustees. The provider is a charity and decisions are taken by a board of trustees. The manager told us the board comprised of people who had a wealth of experience to support them. This included professionals who had worked in the fields of health, social care, legal and building.

A representative from the board of trustees visited the home each month to monitor the quality of care provided. We looked at two monitoring reports. We could see that a board member spoke with relatives and people who lived at the home. This was to check people were satisfied with the care provided. They also checked a sample of records and audits to ensure the manager was monitoring and acting on any concerns identified. Reports showed that people were satisfied with the care they received.
People were encouraged to provide feedback about the service.

A person told us there were resident meetings. They told us not many people attended them but they were

available if people wished to discuss any issues. There was also a once a year questionnaire which went out to people and their relatives to find out people's views about the home.

This meant the home was now meeting Regulation 10, Assessing and monitoring the quality of service provided.

Staff, relatives and people told us they thought the manager was approachable and open. One relative told us they did not feel the previous manager communicated as well as the current manager. They told us, "Communication is lovely; previously a couple of things were missed." A staff member told us they had spoken with the manager about concerns and they felt the manager had listened and responded to their concerns. They felt since the manager had been in post care workers were working better as a team. "When we have handover we all know what has to be done. We all muck in together." Another member of staff told us, "This manager is more approachable and listens."

The manager had listened to staff suggestions about changing shift patterns. Staff had asked the manager to consider changing the rota so they could work longer days. The manager agreed to trial the changes in shift patterns and this was being undertaken at the time of our visit.

People visited the manager's office for a chat with the manager and deputy manager. They told us they liked to go and speak with them in the office. The manager ensured they worked with staff at the weekend and during the evening. This enabled them to be accessible to all staff who worked at the home as well as ensure the home was being run effectively at all times. They also undertook care duties if there was a shortage of staff or if staff needed additional support.

The manager informed us they were looking at providing more 'end of life' care at the home, and they, and the deputy manager, had started to work on receiving accreditation from the Gold Standard Framework. This requires the home to achieve a set of standards to ensure high quality end of life care for people. They had been working with staff in discussing how management could support them in providing this new initiative.

The provider has a legal requirement to inform the public of the home's rating. They had informed the public on their website of their previous rating. A poster with their ratings was also displayed in the reception area of the home. There is also a legal requirement for the provider to notify us of any incidents, accidents or deaths which occur at the home. They were meeting their legal requirements.