Rayners (Extra Care Home) Limited

Rayners Residential Care Home

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

Rayners Residential Care Home is a care home without nursing and provides care for adults, people with dementia and palliative care. The service, which first opened in June 1990, is family owned and operated and is purpose-built. There are two floors. The ground floor has some bedrooms, all of the communal spaces and ancillary areas like the kitchen, laundry and offices. The first floor has the remainder of the bedrooms. In accordance with the current registration, the care home can accommodate up to 45 people. At the time of our inspection 43 people lived at the service.

At our last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People were protected from abuse and neglect. We found staff knew about risks to people and how to avoid potential harm. Risks related to people's care were assessed, recorded and reviewed. The management of risks from the building were also satisfactorily managed. We found appropriate numbers of staff were deployed to meet people's needs. We made a recommendation about staffing deployment. Medicines management was safe.

Staff training and support was good. Staff had the necessary knowledge, experience and skills to provide appropriate care for people who used the service. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People's nutrition and hydration was appropriate. People told us they liked the food. Appropriate access to community healthcare professionals was available. The building and grounds were very well-maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We consistently received complimentary feedback about service. People and relatives told us staff were kind and caring. People and relatives were able to participate in care planning and reviews and some decisions were made by staff in people's best interests. People's privacy and dignity was respected.

Care plans were person-centred and reviewed regularly. There was a satisfactory complaints system in place which included how people and others to raise concerns. People and relatives told us they had no complaints, but knew the process for alerting staff to any issues.

The service had a good track record for the quality of care provided. We found staff worked within a positive workplace environment and were well-supported by the management team. Various checks on the quality of care were completed. The information from audits was used to continuously improve the safety and care

of people at the service.

Further information is in the detailed findings below.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Rayners Residential Care Home

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.

Our inspection took place on 29 September 2017 and was unannounced.

Our inspection was completed by one adult social care inspector, a specialist advisor, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience was familiar with the care of older adults who live in care homes.

Before the inspection, the provider completed 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 information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public, local authorities, clinical commissioning groups (CCGs) and the fire inspectorate. We checked records held by Companies House, the Information Commissioner's Office (ICO) and the Food Standards Agency (FSA).

During our Inspection we spoke with two registered managers, the deputy director of care and seven care workers. We also spoke with the service's HR, administration and compliance manager and chef. We spoke with a visiting podiatrist.

We spoke with 16 people who used the service and two relatives. We looked at six medicines administration records and six sets of records related to people's individual care needs. This included care plans, risk assessments and daily monitoring notes. We also looked at six staff personnel files and records associated with the management of the service, including quality audits. We asked the registered managers to send further documents after the inspection and these were included as part of the evidence we used to compile our report.

We looked throughout the service and observed care practices and people's interactions with staff during our inspection.

Good

Is the service safe?

Our findings

We found staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Staff were able to give detailed information about what abuse was and how to respond appropriately. For example, one member of staff said, "If I was to witness any form of abuse, I would report it, tell the senior [care worker] who has to report to the manager. He would get in touch with the local authority safeguarding team." Another staff member told us whistleblowing was, "If I suspected my colleague is doing something wrong, I would report to my senior, the manager, the safeguarding team and the CQC." Staff were knowledgeable about how to report concerns of abuse under safeguarding or whistleblowing and all of those we spoke with informed us that they had undergone training.

We checked if staff knew what to do in the event of a person's injury, such as after a fall. One member of staff told us they would, "Call for help. You should not move the person because you might cause more damage. I would stay by the person's side, to reassure them and you have to stay calm and reassure the person." We saw incidents and accidents were appropriately recorded and reviewed by the management team.

We saw pre-admission assessments were completed before people moved into the service. In all examples we viewed, the assessments contained relevant information such people's medical history, likes and dislikes, baseline observations including pre-admission weight and information about their next of kin. Once a person was admitted, the service used a number of standardised evidence-based tools to assess people's needs, such as the Malnutrition Universal Screening Tool (MUST) and the Waterlow pressure sore risk assessment. Other risk assessments developed by the service included the use of bed rails, general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's risk assessments were regularly reviewed and updated as their needs changed.

We checked people who used the service were protected from risks associated with the premises and grounds. We found that appropriate risk assessments and maintenance were completed. These included routine assessments of gas, electrical and water safety. Other risks that were monitored included the hoisting equipment, passenger lift, fire safety and window restrictors. The risk to people and others was satisfactorily mitigated and documented.

We asked people and relatives whether sufficient staff were deployed to provide care and support. One person we spoke with said that they don't have to wait long after they asked for any help from staff. They told us, "Staff come pretty much immediately." Another person told us, "Plenty [of staff]. There is always someone available when I need them." Other comments from people included, "Yes, I think it's a marvellous place. I have no complaints at all. I am very well looked after" and "Yes, we are all well looked after." Relatives we spoke with said, "Oh yes, plenty [of staff]", "Plenty", "Yes I think they do [have enough staff]" and "Outstanding. Someone is always there to help here." We checked how the service determined staffing levels and found an appropriate method was in place, based on people's needs. Our observations throughout the day showed that enough staff were available to sufficiently support people.

Personnel files we checked contained all of the correct information required by the regulation and

associated schedule. This included checks on staff identity, proof of right to work in the UK, criminal history checks from the Disclosure and Barring Service, references and full employment history. We found the service only employed fit and proper workers to support people.

People's medicines were safely managed at the service. In the morning, we noticed medicines trolleys were used on each floor. When we asked a care worker, they told us this was so people would receive their medicines in a timely way and during or close to their breakfast times. Medicines were dispensed to each person directly from the medicines trolleys. The medicines administration records (MAR) were correctly completed. Regular medicines audits were completed by senior staff and external audits completed by the community pharmacist. Medicines that required stricter controls by law (controlled drugs) were securely stored and correctly documented. All care staff were trained in the administration of medicines and had regular competency checks. Temperatures of the fridge and rooms where medicines were stored were checked and appropriately recorded. We observed one care worker complete people's medicines administration at lunchtime. They asked people if they had any pain before giving analgesics. We saw they were methodical in their approach and used the correct techniques to ensure people's safety. They did not allow themselves to become distracted by other events, such as staff interruption or the lunch service. This reduced the risk an error would be made and protected people from harm.

Good

Is the service effective?

Our findings

We found staff received appropriate support and development which equipped them with the best knowledge and skills to support people. There was evidence of regular supervision sessions between the staff and their managers. This was recorded on a matrix stored in the administrator's office. We saw supervisions were either one-to- one or themed and held within a group. For example, there were group staff supervisions on using medicines inhalers, covert medication, infection control, manual handling, accident and incident reporting, emergency call procedures and the management of people's diabetes.

We reviewed the training matrix and training planner and found staff had training in a range of relevant topics. These included safe moving and handling, health and safety, food hygiene, nutrition and hydration, dementia, palliative care, first aid and fire safety. We saw the deputy manager had attained a health and social care diploma at managerial level. Other staff had either completed health or social care diplomas or were undertaking them at the time of our inspection. Fifteen staff had completed Skills for Care's "care certificate." This is a set of nationally agreed induction standards for new care workers. In addition, we found eight staff had completed further study on how to care for people with dementia. People received care from staff with good knowledge and experience.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found mental capacity assessments and best interest decisions for people were appropriately completed and these records were within the care folders. People's decisions regarding life support were also documented. Do not attempt resuscitation (DNACPR) forms were also completed, in date and were stored within the person's care file, with a copy stored in the individual's room. This meant if there was an emergency, staff would have ready access to the person's resuscitation preferences before they acted.

We saw DoLS referrals and authorisations were stored within the care files. We found the documents identified the reason for the referral, the date of the referral, the date of the authorisation and the expiry date of the authorisation. In addition, the service had correctly obtained evidence of people's lasting power of attorney or existing power of attorney details and documents. We saw the provider regularly contacted local authorities to check the status of people's DoLS applications.

People and relatives we spoke with felt the food and drink provided by the service was very good. Comments included, "I am satisfied. I can't really complain. I have put on a stone since I have been here", "Very good, very good. I go to the same table every day. The food is soon served and is very hot", "Food is excellent. No complaints. Veg and fruit are marvellous; always have plenty of food" and "Tables always look beautiful. I enjoy meal time. It's all cooked beautifully." One relative told us, "On Monday, Wednesday and Friday you can have a cooked breakfast downstairs. The other days you have your breakfast in your room." A

relative told us, "The food is five-star" and whilst speaking with us another relative interjected and said, "No, it's six stars!"

In the care files we reviewed, we saw people's weights were recorded on a monthly basis and if there were concerns of potential weight loss, the weight was measured weekly. We saw some people receiving supplements and were being monitored by a dietitian and the GP. We completed an observational audit during the lunch period. We saw a pleasant and jovial atmosphere and a lot of social interaction between people. We saw people enjoyed the food being served, and choices were offered. People were offered alternative meals in line with their preference/

People's care records showed input from health and social care professionals including the optician, audiologist, mental health team, occupational therapist and palliative care nurse. We saw the GP visited the service for a regular session each week. The service had a good working relationship with the community pharmacist who visited when needed. We specifically looked at people who had diabetes care plans, including the management of low and high blood glucose levels. We saw appropriate instructions for staff were in place. There was evidence of checks by the diabetes retinopathy clinic (an eye disease) and also results of regular blood glucose results, which were stored in the care files. We also looked at the care of people with life-limiting conditions. We found there was good involvement with the local palliative care team, who visited on a regular basis to help with people's pain medicines. The team were also able to prescribe and review people's pain medicine to ensure they had a dignified, peaceful death.

We spoke with a podiatrist who visited during our inspection. We asked about their relationship with the service. They told us they had visited the service for 26 years. They said, "It's amazing. I am so well looked after. If I need help with a resident, you just have to ask for it. If there is a problem with a resident they will just ring me up and I can come often. A lot of the staff have been the same over the years."

Good

Is the service caring?

Our findings

People and relatives repeatedly told us they felt Rayners Residential Care Home was a caring service. Comments included, "Yes very caring, lots of young staff, no complaints at all. They will take me for a walk around the grounds...", "Very caring, without any question. You get to know them on first name terms. All the staff are regular ones", "Very caring. Staff are first class. They help you in every way they can. They are very patient", "Very caring. All nice. Yes, they are patient. We are given choices and listened to" and "Oh yes; they cope with my awkwardness."

The service actively sought people's and relatives' feedback about the quality of care. We saw the survey results of the March 2017 questionnaire. This showed of 53% of respondents recorded the quality of care as "good" and 47% replied that the care was "excellent". The management team told us they repeated the surveys regularly to check for any areas that required improvement.

We saw there was evidence within people's care files that there was involvement in care planning and review. We also saw people's relatives were included in any planned changes to the support people received. We found people, relatives and advocates were involved in all six of the files we viewed. People's care reviews varied from three to six months, and we saw these were signed by the parties who took part in the care planning meeting.

We observed that the service promoted activities to people. Staff told us this would ensure people could remain as independent as possible. We also noted there was good interaction between people and the staff, particularly when staff provided support with moving and handling and also during lunch time.

People's privacy and dignity was maintained. We noted staff knocked on people's bedroom doors and asked permission before they entered. We saw when staff attended to people in communal spaces they were respectful and ensured privacy by lowering their voice and sitting or kneeling whilst conversing. When we asked, staff told us they considered that they needed to be sure of the likes and dislikes of people whilst supporting them. Staff were able to recall people's preferences and told us about some they knew of. One member of staff told us the best way to work with a person was, "Take time for the person to get to know us and us to know the resident and their families. This doesn't happen overnight. We do have training on all aspects of equal opportunity, which means that everyone should be treated the same."

People's confidential personal records were protected. We saw all office computers used for recording information was password-protected and available only to staff with the appropriate access. Paper records of care were maintained, but where these existed they were locked away so that there was restricted access to staff only. Staff records or documents pertaining to the management of the service were also locked away. In some instances, where there was sensitive information, the records were only accessible by the registered managers.

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 (DPA) requires every organisation that processes personal information to

register with the ICO unless they are exempt. This ensured people's confidential personal information was appropriately recorded, handled, destroyed and disclosed according to the relevant legislation.

Good

Is the service responsive?

Our findings

We found staff had an understanding about person-centred care. One member of staff said, "By getting to know the person allows you to know their needs, wants and choices." Another member of staff explained that people, "Have different care needs and you give care the way they want it."

We saw people's documentation included individual care plans for falls prevention, malnutrition, moving and handling, nutrition and pressure ulcer prevention. In all instances these had been reviewed on a monthly basis. Care plans also indicated people's interests in activities. We noted care plans often included guidance from health professionals, where this was relevant. There was also information about common healthcare conditions people were diagnosed with, such as Parkinson's disease, diabetes and stroke. When we asked care workers why these were within the care files, they stated they were used as an aid memoire during the support of people. This was a good way of ensuring people's care was personalised by staff.

Two staff we spoke with told us how early detection of people's illness could prevent unnecessary hospital admissions. They told us they were very aware of what can cause a change in behaviour in older adults. One care worker told us that if they found a person was "off colour", this could mean there may be an infection developing. One of the care staff said that she, "Would report to the senior [care worker]" if someone displayed unusual behaviour. Another care worker said they would, "Report [the behaviour] and then check if it was a result of a urinary tract infection." Both care workers considered that they would be aware of potential issues of concern by reading the person's care plans as well.

We asked people and their relatives whether they had an active social life at the service. One person told us, "Very good; there are lots of activities, they are all in the newsletter we get every month. 'Goodnight sweethearts' (an external performer) are very good." Another person said, "The Chinese-style buffet was really good. We had chop suey, spring rolls and chicken on sticks." We saw lavender hanging by one of the doors. Three people went on to tell us, "The lavender is from the garden. I have picked runner beans from the garden. They grow lots of veg." One relative said, "They aren't doing as many (activities) as they were. I don't know if they do any one-to-one activities." Another relative told us, "They do 'facials' but not sure how many do this activity." A further relative said, "They used to do a lot of quizzes but they don't seem to be doing them now. Initially they used to have outings, but not enough people took them up. A physio comes in once a week to do exercises with the residents."

We checked the records for social activities. We saw these were mostly recorded, but sometimes this did not align with the printed activities programme or records of what occurred during a day were absent. We pointed this out to the deputy manager and registered managers. When we pointed this out to the management team, they were receptive of our feedback and provided assurance to us that this would be improved.

We asked people whether they had any concerns or complaints about the care and everyone we spoke with told us they were satisfied with the care. We also asked staff what could be done if people were not happy and wanted to make a complaint. One care worker told us, "You have to listen to what is being said. That is

the difference between a good experience to a bad experience. You have to let the manager or deputy know as soon as possible and document in the (person's) care file." Another staff member said, "There is a (complaints) policy and procedure in the home and you have to follow that. You must share any issue with management." Staff we spoke with were confident in their approach of how they would deal with concerns or complaints.

The service had a satisfactory complaints policy and procedure and we looked at the complaints system. We saw the registered managers dealt with concerns or complaints promptly and any outcomes and actions were recorded.

Good

Is the service well-led?

Our findings

The quality of care at the service was evidenced by the compliments received from people and relatives. Examples we read included, "Thank you for looking after my mum during her stay at Rayners and all the help and kindness shown", "Thank you and your staff for the wonderful care you have given and continue to give. Every time I visit I see [my relative] is happy clean and content", "Thank you for the friendly and professional care. Mum felt safe and secure and she really enjoyed the food", "No words can explain my heartfelt thanks to every one of you for the superb quality of care, warmth and affection that you all gave so unstintingly to my mum while she was living in your home. Above all I shall remember the tireless good humour and care for others which could be seen between all the staff teams" and "Rayners has become home to mum and no other place will do. Thank you."

We asked people if they regularly connected with the management team. They told us they knew the managers and were often visited by them. One person said, "Yes, the manager is [name]. The carer in charge also checks everything is OK with you every 4 weeks." Another person told us, "Yes, I have spoken to her." The next person said, "Yes. I've never needed to complain. Would bring it up with [care workers]. They are both very efficient." Other comments from people included, "This is a model of how a good care home should be. I don't know what could be done to improve it here. We are very contented here. The flowers are changed every week on the tables (fresh flowers). The tablecloths and serviettes are changed after every meal. It makes it like a first class hotel." A relative told us, "They (the managers) are very involved. The home has a good reputation in the local area."

There was a positive workplace culture at Rayners Residential Care Home. All staff who we met during our inspection were asked if they felt supported by their management team. They all replied that they felt well-supported. One staff member commented, "The team is supportive of one another." Another staff member told us they felt they could approach the management team "at any moment in time" if there was an issue. Another two staff we spoke with thought the registered managers were approachable and friendly. A further staff member said that the management team were, "Always on the floor visiting on a daily basis and are very approachable." Staff told us they liked working at the service and felt included in the operation of it. A staff member told us, "I feel incredibly proud to work here and am incredibly proud of the organisation."

We found a range of audits and checks were used to measure the safety of care and quality of the service people received. The results from the audits were used to monitor the quality of care and make any necessary changes, when required. Audits included infection control, health and safety, people's care folders, personnel files, staff training and checks of the kitchen. We saw these checks were repeated at set intervals and compared with the prior findings. Where improvements or changes were required the registered managers and deputy manager took action to ensure this occurred. The actions were sometimes delegated to other staff members but the management team always ensured they followed up on the outcomes.

There was a residents' committee which held regular meetings. People were able to submit their ideas and the management team would consider them and make changes within the service. Staff also held meetings

to discuss various topics and talk about the care of people. The management team used the feedback from the meetings to monitor the quality of care and drive continuous improvement.

The service complied with their conditions of registration and sent us notifications of certain events, as required by the regulations. Our previous rating was conspicuously displayed on the provider's website and within the reception area of the service. When serious injuries occurred, the documentation for duty of candour required minor improvements to ensure that the service could demonstrate full compliance with the associated regulation. The provider wrote to us shortly after our inspection with appropriate evidence.