

## Renaissance Care Services Limited

# Siesta

### 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 announced comprehensive inspection took place on 30 August 2018. This was the service's first inspection since registering with CQC in April 2018.

Siesta is a respite unit for people with a learning disability and is registered to support up to seven people at any one time. People stay at the service for varying periods of time: some people stay for two days each week while others spend one to two weeks a month at the service. At the time of the inspection there were five people receiving respite support.

People using this service receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation is provided over two floors. On the ground floor there are five spacious en-suite bedrooms fitted with equipment to support people with impaired mobility. On the first floor, there is a two-bedroomed self-contained apartment. A large communal lounge, dining area and kitchen are situated on the ground floor.

Siesta respite service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. During the inspection the service was able to demonstrate these principles through individualised support for people to be actively involved in the community and to learn new skills.

The service had 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 2008 and associated Regulations about how the service is run.

People received safe care and support while staying at Siesta. There were sufficient staff available to support people with their care needs as well as to participate in community activities. Staff had been safely recruited and were aware of their responsibilities to safeguard people from abuse. People's care needs and any associated risks were documented and staff were knowledgeable about these and how to support people safely while respecting their preferences. Where specialist advice was necessary to guide staff about people's care needs, this was sought and the guidance was documented to ensure consistency in care provision. Training ensured staff had the skills and competence to support people well.

People told us they were happy at Siesta; we saw they enjoyed being with staff and were pleased to see them when they arrived for their stay. Relatives said the service was safe and they were very pleased with the support provided. Where people were supported to manage their medicines and finances, this was done safely.

Staff were aware of the principles of the Mental Capacity Act 2005 in that it should be assumed each person has capacity to make decisions about their care and support. Care plans guided staff about how to support people with decision making and expressing their choices. Communication passports guided staff about how to support people to express themselves and people's communication was supported in a number of ways. For example, with the use of computers, signs, symbols and sign language.

Staff described the culture and aims of the service as being "person-centred", "promoting independence", "community involvement" and "family". Staff were passionate about supporting people in a way that promoted their independence, expanding their experiences and protected their right not to be discriminated against. This culture was reflected in the comments we received from relatives, one of whom described the service as "brilliant".

The service was well managed. Relatives and staff said the registered manager and management team were approachable and they felt able to raise any concerns they might have.

The registered manager and management team ensured people, relatives and staff received the support they needed. Regular meetings provided the opportunity to share information, review how well the service was supporting people and discuss how the service could be improved. Quality assurance systems were used effectively to ensure the environment remained safe and the service was meeting people's needs.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and received care in a safe way. Staff knew how to protect people from abuse and avoidable harm.

People were protected by safe staff recruitment process.

People received their medicines as prescribed.

There were sufficient numbers of suitably qualified staff to meet people's needs.

The environment was designed to promote people's independence and to ensure needs could be met safely.

### Is the service effective?

Good ●

The service was effective.

People's right to make decisions about their care was respected. Staff had a good understanding of the principles of the Mental Capacity Act 2005.

People were cared for by skilled and experienced staff who received regular training and supervision.

People's health care needs were monitored and referrals made when necessary. Clear guidance and information ensured consistency and safety in the care people received.

People's nutrition and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the care and support provided and felt staff were kind, caring and treated them with respect.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with family and friends.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been identified, were being met and were regularly reviewed.

People were supported to be involved in community activities and to develop new skills.

Feedback about the quality of the service was actively sought and used to improve the service.

### Is the service well-led?

Good ●

The service was well led.

The provider had effective systems in place for monitoring and reviewing the quality and safety of the care provided.

The management team were aware of their legal responsibilities and kept up to date with best practice.

People benefited from having a registered manager who was accessible and approachable.

People's records were stored securely. Some records required a greater level of detail to reflect staffs' knowledge about people's care needs and preferences.

# Siesta

## **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 30 August 2018 and was announced. We gave the service 48hours' notice to be sure there would be people and staff available to speak to us. One adult social care inspector undertook the inspection.

Prior to the inspection, we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed information we held about the service. This included whether we had received any statutory notifications. A statutory notification contains information about significant events that effect people's safety, which the provider is required to send to us by law. We asked the local authority who commissions with the service for their views on the care and support provided.

During the inspection we met with all five people staying at the service. We also spoke with four members of staff, a relative, the provider's deputy manager and a member of the service's management team. Following the inspection, we spoke to a further two relatives and received an email from a relative and two health and social care professionals; all provided positive feedback about the service.

To help us assess and understand how people's care needs were being met, we reviewed two people's care records. We looked at how people were supported to manage their medicines and their finances. We also looked at records relating to the management of the service; the recruitment files for the two most recently recruited staff; training records as well as the systems used to monitor the quality of the care provided.

# Is the service safe?

## Our findings

People received safe care and support while staying at Siesta. People told us they were happy at the service; they answered "Yes" or indicated through sign language and facial expressions when we asked whether they happy and felt safe. People's interactions with staff showed they were pleased to see staff and to be in their company. A relative said they were very pleased with the support their relation received and they felt the service was safe. One relative said, "Oh gosh, yes" when asked if they felt their relation was safe when staying at the service.

People were protected from the risk of abuse as staff had received training in safeguarding adults. They were aware of their responsibilities and knew what action to take should they suspect a person's safety or welfare was at risk.

Staff were knowledgeable about people's care needs and any associated risks to their health and safety. Risk assessment and management plans were in place to mitigate risks. For example, one person was at risk of choking due to swallowing difficulties. Their risk assessment and care plan provided staff with information about how to prepare the person's food and how to support them with eating and drinking to reduce their risk of choking. Another person was diagnosed with epilepsy. They had not had a seizure for several years and staff were informed that emergency services must be contacted immediately if the person was to experience a seizure.

Assessments also included information on circumstances that may cause people to become anxious and pose a risk to themselves or others. Records showed specialist guidance had been sought about how to support people at times when they might be upset. For example, one person's care records showed they were at risk of self-harm at times of anxiety. The service had been supported by the local specialist learning disability team who had provided guidance for staff about how to support this person in a way that reduced their anxiety. Their care plan and a positive behavioural support plan provided staff with clear information and guidance.

Risk assessments had also been completed for when people undertook community activities to ensure people could experience new activities while remaining safe.

When accidents or behavioural incidents had occurred, these had been fully documented and reviewed by the registered manager. Action taken to minimise the risk of reoccurrence was recorded and any learning as a result was shared with the staff team.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to work at the service. We looked at the files for the two most recently recruited staff. These showed a full recruitment process had been followed which included obtaining a full employment history, references from previous employers and a disclosure and barring service (police) check.

Sufficient staff were available to ensure people's needs could be met safely. Staffing was organised dependent upon the number and needs of the people using the service. Some people required one-to-one support, while others were more independent. Waking staff were available overnight to ensure people had the support they needed. The service did not use agency staff as they would be unfamiliar with people. Any shortfalls in staffing, such as a sickness or holidays, were covered by the staff team and the registered manager. Staff told us the registered manager often worked alongside them to provide care and did so to ensure they maintained a close relationship with people and the staff team.

People received their medicines safely and as prescribed. All medicines were stored securely and records were maintained of all medicines received and returned with each person when they went home. Medicine administration records were completed when people were given their medicines. All staff had received training in the safe administration of medicines and had their competency checked by a senior manager before being permitted to administer people's medicines. Spot checks were regularly undertaken by the management team to ensure records were properly maintained and staff were following safe procedures. Care plans guided staff about how to support people with their medicines. For example, one person liked to take their medicine mixed with their food. Staff informed the person the medicine was in the food and the person was happy to take it. Staff said they did not give medicines to anyone without their knowledge or consent.

Some people required support to manage their finances and where this was necessary, it was done safely. Records of how much money people had brought with them was recorded and all expenditure was documented and receipts obtained. A review of a sample of these records found them to be correct.

The premises were well maintained and clean. Staff had received training in infection control and had gloves and aprons available to them. Equipment was tested and serviced regularly to ensure it was maintained in safe working order. In the event of an emergency, each person had a personal evacuation plan which indicated to the emergency services the support people needed to evacuate the building.



## Is the service effective?

### Our findings

The service provided effective care and support to people from staff who were skilled and knowledgeable about people's needs.

Staff told us they received the training and supervision they needed to undertake their role and to help them understand people's care needs. There was a staff training programme in place and staff confirmed they received regular training in a variety of topics. These included epilepsy, diabetes care, first aid, medication, safeguarding, health and safety and food hygiene. Specialist training was also provided for people's specific care needs, such as for people who received nutrition and fluids through a percutaneous endoscopic gastrostomy (a tube surgically inserted directly into a person's stomach).

In addition, all staff were provided with the opportunity to obtain health and social care qualifications. For example, one member of staff had recently registered to undertake a Diploma in Health and Social Care at level 5. Staff said the registered manager was committed to providing staff with the training and qualifications they needed and wanted to pursue. Staff new to the service undertook an induction programme, and if new to care, the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people unsupervised. One newly employed member of staff, who had not supported people with a learning disability before, said they had been given lots of information and advice about how to support people and promote their independence.

Staff told us they received regular supervision and had the opportunity to discuss with the management team their work performance, training and development needs. They described the management support they received as "very good" and "brilliant".

Staff had also received training in the Mental Capacity Act 2005 (MCA). The 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. All the people receiving respite care at Siesta were living with a learning disability which might affect their ability to make some complex decisions about their care and support. Staff understood the importance of gaining people's consent and showed a good understanding of the MCA. They knew people well and how best to support people to make their own decisions. During the inspection we saw staff seeking people's consent and supporting people to make choices. For example, staff asked people if they wished to prepare their evening meal, make drinks, go shopping or engage in leisure activities. Staff respected people's decisions and sought people's consent to support them with these activities.

When it was necessary to make more complex decisions about their health and welfare, people were supported by their families and the health and social care professionals involved in their care.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff was aware of their responsibilities to respect any restrictions that had been put in place to keep people safe prior to people staying for respite care. For example, no one supported by the service was safe to leave the service unsupervised and staff knew they must accompany people.

People received support to manage their health and physical care needs. Care plans described the advice provided by healthcare professionals such as speech and language therapists, physiotherapist and dieticians to ensure people's healthcare needs were well understood by staff. For example, some people were at risk of not eating and drinking enough to maintain their health. Staff had received guidance from a dietician about how to nutritionally enhance their food to increase their calorific intake. Another person required support with moving and transferring and guidance had been provided by a physiotherapist. The person's care plan gave staff clear instructions, with photographs, about how to support the person safely and to ensure their comfort. Staff said that should people need to see their GP while staying at the service, they would support them to do this.

People told us they enjoyed the food provided. People were involved in choosing what they would like to eat, as well as shopping for food and preparing meals. Meal times were flexible dependent upon what people were doing each day. Meals were prepared in the two kitchens, one in the self-contained apartment and one in the main building. However, people could choose where they wished to eat, and if those staying in the apartment wished to eat with others in the main building, they were free to do so. During the inspection we observed people being supported to shopping for and preparing the evening meal.

The environment had been purpose built to ensure the needs of people with impaired mobility and those who used wheelchairs had sufficient space to move around the building easily. Equipment such as overhead track hoists and adapted bathrooms were available in five of the seven bedrooms. This ensured people's physical care needs could be fully met with ease. Bedrooms were personalised with items people either brought with them or kept at the service. Staff said this made people feel more at home.

## Is the service caring?

### Our findings

People told us how much they enjoyed coming to stay at Siesta. They told us the staff were "nice" and one person said they "loved" the staff. People indicated they enjoyed being with the staff and the other people staying at the service. A relative told us their relation had made friends with other people since they had been using the service. They said, "He loves it here, they're really good." Another relative described the staff as "brilliant". We saw people greeting staff when they arrived for their planned stay. People were smiling and laughing with staff and happy to see them.

As people lived at home with their families, the majority of care decisions were made between people, their relatives and any health and social care professionals involved in their care. With people's consent, the service ensured relatives and other services used by people, such as day care services, were kept fully informed of how people had been and what they had done during their stay. People and their relatives, where appropriate, were involved in developing their care plans and the information provided to staff about their support needs.

Staff told us they supported people to have an enjoyable time while staying at the service. People received individualised support designed to promote their independence, not only with their personal care, but also with other day to day tasks such as laundry, shopping and cooking. Staff knew people well and were able to describe what people liked to do during their stay. People told us they were fully involved in the decisions about how they spent their time. For those people who used sign or body language to indicate their choices, staff confirmed they were always asked about every aspect of their support. Staff were knowledgeable about how to engage and communicate with people. For example, one person touched staff's right or left hand to indicate their choice.

The atmosphere of the service was friendly and welcoming. Staff said they looked forward to seeing people. One member of staff said, "I love it here" and another said, "The guys are great." People's friends and families could visit them at the service at any time.

The service protected people's privacy and dignity, and respected each person's individuality. Staff said they were proud to work for a service that respected people's equality, diversity and human rights. Staff said people and staff would not be discriminated against due to their disability, race, culture or sexuality. Records provided staff with key information about people's personal, cultural and religious beliefs.

## Is the service responsive?

### Our findings

People received personalised care and support that was responsive to their needs. Staff described people's care needs well and it was clear they knew people's preferences.

Each person had a care plan which described their care needs and how staff should offer and provide support. The service used paper records as well as a computerised system. The deputy manager explained that records were being transferred to the computer system but these had not yet been fully completed. They recognised the paper records were lengthy and often information was repeated or hard to find. Staff were familiar with the computerised system and had secure access to the system through their mobile phones. Only the care plans for those people currently staying at the service were accessible through the staffs' phones. From our review of the care plans we saw that the level of detail described to us by staff was not always recorded into the care plans. The deputy manager acknowledged this and said that this had been identified on the service's improvement action plan. They showed us a timetable of actions to address updating the care plans. This lack of detail did not have any negative impact on people's well-being or safety as staff knew people's needs well.

People's day to day care needs were identified on both the paper and computerised records and staff were guided on how to provide support in a consistent way. For example, one person liked to be supported in a specific way and had a preferred routine for each morning and evening. Staff respected this and the information held in the care plan ensured the person received their care and support in the way they wished.

The paper care plans also contained information about each person's abilities as well as information important for staff to know. This included "Things that are important to me", "How best to support me when I need help" and "A good day for me". For example, one person was able make choices about what they wore, had to eat and how they spent their time. The person was able to make a choice between two options. The care plan guided staff about how to show the person the choices and how to support the person to indicate their preference.

People's rights to live as fulfilling a lifestyle as every citizen were discussed at meetings and through staff supervisions. For example, staff supervision records included the statement, "Living with a learning disability should not stop someone leading an active and enjoyable life and from being supported to get out and about in their local community." Staff spoke passionately about ensuring people had opportunities to engage with the community and develop their skills and experiences. They told us about the goals people wished to achieve while staying at Siesta, such as using public transport, becoming more independent with shopping, or experiencing new foods. At each visit staff supported people with achieving these goals. For example, one person liked to plan a timetable for each day of their stay. This would include information about budgeting which helped them to be more independent with managing their money. Another person had been reluctant to use public transport when they first started to come to the service, but now felt confident to go out with staff on the bus.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the

Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People's communication was supported by a variety of methods including computers, easier to read documents with pictures as well as sign language. Some people used the Picture Exchange Communication system (the use of pictures to communicate their needs) as well as objects of reference. Each person had a communication passport which described their preferred ways to communicate.

People and their relatives were provided with information about how to raise a concern or make a complaint. Staff told us they knew people well and they would be able to tell if a person was unhappy about anything. Staff spoke to people on a daily basis about whether they were happy at the service and looked into any reason they might not be. Relatives had no concerns about the service and felt they could speak to the staff should they need to do so. The deputy manager said all concerns were documented and the action taken to investigate and resolve the matter was recorded. Records showed the service had received some minor concerns which had been investigated and acted upon.

## Is the service well-led?

### Our findings

Relatives and staff told us the service was well managed. They praised the registered manager for their approachability and commitment to ensuring people had as fulfilling a time as possible while at the service, as well as the level of support shown towards staff. One member of staff said, "It's the best place I've ever worked" and another said, "They're so supportive." A relative said, "We're lucky to have it [Siesta]. They go out of their way to help. If there is anything they can help with, they do."

Effective quality assurance systems were in place to ensure people received safe care and support that met their needs and preferences. For example, environmental safety checks were undertaken to ensure the premises remained safe; people's care was regularly reviewed; medicines administration practices were reviewed and feedback was sought from people, their relatives and staff about the quality of the service and any suggestions for improvement. People's feedback included feeling safe, being involved in decisions, the quality of the food and whether people had any complaints. The results of the most recently received feedback in March 2018 was very positive. People, relatives and staff also had the opportunity to share their views at regular meetings with the register manager. Staff told us how valuable they felt these meetings were. They told us how much they enjoyed working at the service as they felt so well supported. The deputy manager said the service had a great team of staff and a member of staff said, "We all really want to work here and support the people staying with us."

The service placed a strong emphasis on communication, not only between themselves, but with relatives and other care services used by people. Communication books were provided for people to take back and forth from the service to their homes and day-care services. Staff also used communication books, handover reports and daily meetings to ensure important information was shared between shifts. The management team met every week with the registered manager to review planned events and any actions required to maintain and improve the service.

When asked to describe the culture and aims of the service, staff used terms such as "person-centred", "promoting independence", "community involvement" and "family". These views were shared by the relatives we spoke with; one relative said the service was "Like a family."

The service kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared between the staff team at the regular staff meetings.