Renaissance Care Services Limited

Renaissance Residential 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

About the service
Renaissance Residential Home is a residential care home providing personal care and accommodation for up to 17 adults living with a learning disability, some people at retirement age.

Services for people with learning disabilities and or autism are supported
The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people. At the time of this inspection 17 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People and their families were positive about Renaissance Residential Home and staff who supported them. People were treated with kindness and compassion. People spent time in the community and at the home, doing activities and work they enjoyed and had chosen.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The ethos was, 'We want it to be about you!'

There were effective systems to manage complaints and resolve them in a timely way.

Risks to people had been assessed and care plans reflected how to support people to keep people safe whilst maximising their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where there were restrictions on people, staff were working within the requirements of the Mental Capacity Act (2005).

There were enough staff to support people. Staff had been recruited safely and completed an induction when they first started. Staff updated training to ensure they were able to support people, following best

practice guidance and seeking health professional support for particular medical conditions. Staff worked in a relaxed manner, ensuring that people had enough time to make decisions for themselves wherever possible in a way they understood.

People were kept safe by a registered manager and staff who were committed to their care and well-being. Safeguarding issues were reported and investigated appropriately. Lessons were learned when things went wrong, and actions was taken to reduce the risks of a reoccurrence. People were supported to access health care when needed as staff worked closely with health and social care professionals.

The home was well-maintained and looked after. People had the use of both personal spaces and communal areas. Personal spaces, such as bedrooms and bathrooms had been decorated and furnished according to each person's preferences. The home was clean. There were policies and procedures to ensure the risks of infection was minimised.

Medicines were well managed and organised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service (14 November 2016) was Good with a rating of Requires Improvement in the key question of safe. At this inspection we found improvements had been made and the key question of safe was now rated as Good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well led.

Details are in our safe findings below.

Renaissance Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one adult social care inspector.

Service and service type
Renaissance Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We met ten people who used the service and talked with four of them about their experience of the care provided. As some people did not have verbal communication skills, we spent time observing the care people received. We spoke with five members of staff including the registered manager, provider and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff records in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We received additional evidence from the registered manager and four positive emails from staff. We also spoke with two health professionals and two relatives on the telephone following our visit.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. This was because risk assessment recording was not always consistent and details about people's needs were not always included in medicine records. These issues had been addressed and at this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● All areas of the home were safe for people to spend time in on their own or with staff. A new BBQ area was being built and landscaped at the rear of the property but people were involved in the changes and kept safe.

● An empowering culture encouraged positive risk taking. People were supported to live their lives as they chose. For example, there were detailed risk assessments which described how to support people to reduce the risk while supporting them to be as independent as possible. People, and their families, were involved in making decisions about the ways these risks were managed. Methods varied depending on how people were feeling. Where staff identified a change in the person, risk assessments were reviewed to ensure they kept the person safe.

● Where people had behaviours that could challenge others, there were clear guidelines which staff were able to describe to help manage the behaviour. People were respected as adults and involved in discussions and devising enabling plans about how they would feel comfortable but also promoting safety. For example, supporting the person to become calmer by offering activities which might distract and relax them or supporting people to manage their day how they liked to spend it. This had resulted in less frequent negative behaviours over time.

● Choices which could be seen as unwise or addictive were managed well with understanding and people's full involvement. For example, by respecting and valuing a person's skills and raising self esteem and confidence, one person's addictive challenges had reduced.

● One relative wrote to the service saying, "We have nothing but praise for how the staff have responded to [person's name]. Staff gave them space for their opinions and self respect whilst maintaining boundaries of acceptable behaviours. They now tell us of their place in the home with pride and ownership."

● People were also supported to understand dangers. For example, fire evacuation and road safety information was easily accessible in Makaton (a national communication tool using signs and symbols).

Systems and processes to safeguard people from the risk of abuse

● People felt safe in the home and relatives said they were confident that people were protected from the risk of harm. A relative commented, "This is the best home [person's name] has been in. The staff attitude is very chilled meaning [person's name] is very happy and safe. Just friendly people together, like a real home."

● People were protected from the risks of abuse as staff had been trained to understand how to identify and

deal with, types of abuse.
● The registered manager understood her responsibilities to safeguard vulnerable adults. Records showed that where there had been a concern, appropriate action had been taken. This included reporting the issue, investigating it and acting to reduce the risks of a reoccurrence. Staff understood people very well meaning there were few negative incidents. The registered manager said, "It's really important to respect people as adults. We enable people in their own home and we are always learning about people."
● The service was registered as a 'safe place' meaning anyone living with a learning disability knew they could recognise the national 'Safe Place' scheme and ask for help if they were nearby. The scheme aims to support vulnerable people in society and stop bullying and abuse in the community.

Staffing and recruitment
● The registered manager ensured there were enough staff to meet people's needs both when they were at Renaissance and when they were in the community. There was a very stable staff team and people and relatives told us they knew staff well. For example, one relative said, "They are a fantastic team together. So good with everyone." A visiting professional had commented in the recent visiting professionals survey, "I always find the Renaissance team and residents very happy. The support workers are attentive to people's needs."
● Recruitment of staff followed best practice guidance. Checks to ensure new staff were suitable to work with vulnerable adults were completed before staff commenced working at Renaissance.
● People living at Renaissance were supported by staff who were trained and skilled at supporting people living with a learning disability and/or autism.

Using medicines safely
● Medicines were managed safely. There were effective systems to ensure medicines were ordered, stored, administered and monitored safely, including pro-active medicine reviews with GPs. Support staff were trained in the administration of medicines.
● There was a person-centred approach to medicine administration. People received their correct medicines on time. Staff took time to ensure the person was happy to take their medicine and did not rush them. People were provided with a drink when taking medicines.
● Relatives told us there were effective systems to ensure people received the correct amount of medicines when they were away with them.

Preventing and controlling infection
● The service was clean and maintained with systems to reduce the risks of infection. For example, schedules were undertaken to ensure all areas were regularly cleaned. This included kitchen areas and also promoted people's involvement and managing responsibility within the house.
● Staff were clear about their roles and responsibilities in relation to infection control and hygiene. Staff completed training in health and safety, food hygiene and COSHH (Control of substances hazardous to health) when they first started working at the service. Training was updated regularly.
● Food was prepared and stored safely. A Food Standards Agency inspection in December 2017 had rated the service as Good.

Learning lessons when things go wrong
● There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.
● The registered manager reviewed all accidents and incidents and analysed for trends and patterns. Where concerns were identified, the provider looked for ways to further improve the service.
● Staff were supported to learn from incidents and accidents. For example, learning was discussed at staff

meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence. For example, easy read guidance and information was available for people to understand getting the flu, visiting the dentist and optician and what common medical procedures entailed.
- People were supported to use information technology and equipment. Some people had tablet computers and mobile phones. This enabled them to stay in contact with relatives as well as play music and games.

Staff support: induction, training, skills and experience

- Staff were trained when they first joined the service. New members of staff completed an induction programme. This included the nationally recognised Care Certificate if they had not worked in a care setting previously.
- Staff undertook mandatory courses which included online and face to face training to ensure they were aware of and up to date with best practice and guidance. Training was refreshed on a regular basis or sought for particular conditions.
- Staff had supervision and appraisals where they could reflect on their role with their line manager. Staff said they could also ask for advice and support at any time and their learning was tailored to individual staff learning needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to prepare and eat food they had chosen and liked. People were also encouraged to choose healthy food options. Pictures showed people each others likes and dislikes so they could help prepare each other food everyone liked using any adaptations they needed. People were able to go out and have their food whenever they returned.

● Where there had been concerns about people's weight or fitness levels, staff had monitored it regularly and worked with health professionals to support people to live a healthy life with their involvement.
● People had annual health checks with their local GP and were also supported to attend appointments with dentists, opticians and other specialist services. Staff pro-actively acted as advocates to ensure people received the health support that met their needs and entitlements. For example, staff had persisted in reviewing a person's continence care and achieved the person's desired result with a change in the type of equipment used. One relative said in the recent home survey, "[Staff] care and attention to [person's name]'s health has been brilliant."
● A health professional told us after the inspection how staff were excellent in their approach with one person during an emergency admission. This had been an anxious time for the person and their family. The person had been struggling to manage a health condition so the registered manager organised training with the community nurses in order for staff to be able to support and teach the person more effectively. The person had a very positive experience and was able to return home.

Adapting service, design, decoration to meet people's needs
● The service had been adapted to support the individual needs and preferences for each person. Bedrooms were personalised, painted in a colour of the person's choice and furnished individually. People were proud to show us their rooms. One person had clear picture stories showing what they liked to do when on their wall. They gave us the 'thumbs up' when they showed us how they managed their day.
● There was lots of space and various communal areas so people could choose a more sociable area or a quieter space. Most people liked to gather in the front porch seating area so they could chat and socialise.

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The service was working within the requirements of the MCA. Assessments had been undertaken to assess whether people had capacity to decide about where they lived and whether they were able to go out without care worker support. Applications for DoLS had been made where appropriate. Dates for when these had been submitted and when they had been approved were checked to ensure that reapplications were made in a timely way.
● Staff had completed training and understood their responsibilities to work within the requirements of the MCA.
● Other restrictions on people's freedom had been put in place. Records showed best interests' meetings had been held and best interests' decisions made which had involved family members, staff and

professionals. Where there were restrictions, staff worked to ensure that these were as least restrictive as possible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they liked staff and were happy in the home. Comments included, "It's very nice here. I loved my holiday!" A relative said in a recent home survey, "Even if I come at meal times I am never made to feel I shouldn't be here. I always feel welcome and love to chat with everyone. I love coming here and [person's name] is happy."
- Staff knew people well and had developed strong, caring relationships with them. Staff took time to listen to people and understand their preferences about what they wanted to do. Where people were not able to communicate well verbally, staff were able to communicate and understand them using alternative methods of communication including visual aids and points of reference.
- Staff were observed showing affection and care to people, chatting in a friendly way and encouraging them to do activities or asking about their day. Feedback from relatives was very positive and included comments such as, "[Person's name] is more relaxed and sociable and generally more polite to people. That their needs are being met is certain. We see them living a more contented life." Other relatives said in the recent home survey, "As a family we feel that Renaissance have been outstanding. [Staff] have met challenging incidents with patience and persistence whilst maintaining respect for [person's name] – no easy feat!"
- Staff understood and respected people's equality and diversity. Staff described how they would treat every person according to their individual needs and preferences. Most staff had worked at Renaissance for a long time and clearly knew people very well. For example, slowly building up to events for some people, crossing off days on the calendar or ensuring a new health professional was aware of people's past treatments and experiences. The provider was very involved and also enjoyed spending quality time with people, sometimes taking people on outings or to events people enjoyed as individuals.

Supporting people to express their views and be involved in making decisions about their care

- There was a relaxed, happy atmosphere in the service, with people being supported to do what they wanted. Care plans also included daily records about how people were feeling, sometimes using 'happy stamps' if people could not write themselves. During the inspection, staff talked with people about what they wanted to do and then supported them to accomplish this. People were encouraged to spend time in the office or sitting chatting with the provider and registered manager. One person liked to 'do paperwork' in the office.
- People and their families were encouraged to be involved in planning and reviewing their care.

● The registered manager described how staff were matched to people depending on their relationship and similar interests. There were many photographs of people having fun with staff doing activities and enjoying holidays.
● Regular house meetings provided an opportunity for people at Renaissance to have their say about how things were run and minutes showed they were listened to and actions taken to consistently improve.

Respecting and promoting people's privacy, dignity and independence
● Staff were discreet when working with people, ensuring the person's dignity was maintained, for example when providing support with their personal care and promoting independence.
People's care plans detailed how staff should empower people as much as possible. People were valued and encouraged to get involved in activities of day to day living such as shopping, laundry and keeping their room clean and tidy. For example, one person enjoyed 'locking up' and helping out in the garden.
● One relative said in the recent home survey, "I am extremely happy with all the care. [Person's name] enjoys being able to feel a high level of dignity and self worth." We saw the person smiling when talking about how they liked their hair cut done by the registered manager. Another of their relative's told us, "It's the longest placement [person's name] has been in and the happiest we have seen them."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of their responsibility to meet the Accessible Information Standard. Staff understood how to communicate with people and interpret their needs in different ways. For example, where one person had limited verbal skills, staff were able to communicate with them using personalised picture boards and signs. Information was easily available so people had the information to make informed choice, stay safe or to reduce anxieties about health professional appointments. Information about people's likes and dislikes and important dates were also simply shared using pictures. There were picture and braille menus. This helped to encourage a Renaissance community where people were able to live respectfully together in harmony.
- People's care plans described personalised care and support which reflected their risks, needs and preferences. People could choose what activities they did at a time that suited them and organise their timetables using pictures. For example, people's care plans described what would be a good day for people and also described what a 'less mobility' day would look like too. One person told us, "I get to live and do the things I want. The theatre, go out, see people. I can here."
- People were encouraged to do activities they enjoyed, such as attending a majorettes competition, going to a Christian camp, going for a drive and regular social clubs in the community. Each activity was reviewed with staff understanding people's individual signs for positive and negative. For example, one person was supported to attend a half day so they did not have to sit for too long, which reduced their mobility. Records of activities including photographs showed people clearly enjoyed doing many of their favourite activities. People also developed life skills through doing domestic chores such as tidying their bedroom, having a role in the kitchen or garden. Some people were supported to do both paid and voluntary jobs.
- People developed and maintained relationships with people that matter to them. The provider told us how they supported one person to go out with a friend to their favourite shows and have nights out. They also helped people realise their goals and dreams and attend special events as well as supporting people to attend special family events. For example, one identified goal was to visit their father's grave annually which they had done.
- People were also encouraged and supported to make friends and acquaintances with people in the local community.

Improving care quality in response to complaints or concerns

● People were supported to raise concerns and complaints and there was an easy read version of how to complain. The registered manager was very visible around the home and people were free to talk to her at any time.

● Relatives knew who to contact if they needed to raise a concern or make a complaint. However, they said they had not had to complain.

● Staff understood how to support someone who wanted to complain. There had been no complaints since the last inspection. The registered manager said they would always listen to a complaint and identify ways to make improvements if needed.

End of life care and support

● Where a person had suffered a bereavement of a close relative, staff had been sensitive to the impact of this on the person. For example, there was genuine care and sensitivity shown during our inspection when a person spoke of a friend at social club passing away.

● The service was not currently supporting any people who were nearing the end of their expected life. However, the registered manager said that if the situation arose where someone became critically ill or near the end of their life, they would try to support them in the home to have a dignified and good quality end of life experience. They said this would be with the help of outside health professionals. For example, GPs community nurses and hospices. The provider said, "We provide emotional support for families as well as the people we support. We have a relative with a terminal illness. We always try and think what we would be happy with - if it's not good enough for us, its not good enough for everyone we support."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

● The service was led by a very committed and motivated provider and registered manager who were clearly very knowledgeable about people and enjoyed their company. They had the knowledge, skills and experience needed to run the service. They understood their role to lead a team of support staff as well as ensure the quality of care and safety of people. There was a clear staff structure and staff understood and were committed to delivering high quality care to people.
● There was a person-centred culture which put people at the heart of the service. For example, the provider wanted people's needs to be met wherever they were. There were clear one page summaries and hospital passports to share information with hospital staff. We heard how staff had stayed in hospital with one person for support as they were non-verbal. The person had loved staff being there and would point to the floor indicating they liked to have them near.
● People and their families were encouraged to get involved in how the service was run. Staff also described how they were encouraged to make suggestions and put forward ideas. One staff member commuted long distances to work at Renaissance. They told us, "There are other homes closer to where I live and I have worked in some previously but I feel it would be difficult to find a home where everyone is treated as 'family' or with a better working atmosphere."
● The registered manager had an open-door policy and encouraged staff and people to come and talk to her whenever they wanted to. During the inspection, we observed people coming up to the registered manager and provider chatting about what they wanted to do.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

● The provider and their puppy visited the service regularly and were well known to staff and people. People and staff were clearly pleased to see them. Their ethos was about offering support to suit individuals to encourage, empower and enable people to be as independent as possible, 'We want it to be about you!' They worked shifts including nights at the service and understood each person well. For example, they had taken one person to London to their favourite band in concert.
● The provider understood and acted on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong. For example, where an incident had occurred, there was evidence that this had been reported to the appropriate authorities including CQC. The registered manager and staff worked with these authorities to reduce the risks of a reoccurrence. Families were also kept informed fully.

● The communication systems at the home were very well established and worked well within the very stable staff team of eight. Everyone understood their role and responsibilities. There were handovers between support staff at the end of each shift to ensure staff coming on duty were aware of issues and concerns.

● There was an audit framework which reported on safety and quality. Audits were carried out to check on the buildings, external areas, care records and medicines. This helped to improve the quality and consistency of care and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, their families and staff were engaged in feedback systems to support improvement for individual people experience as well as the service. Systems for feedback included individual care reviews, house meetings, surveys, staff meetings and staff supervision.

● There were strong links with the local community. This included links with local shops and taxis, library, cafes and pubs. People were also supported to social clubs, the cinema and swimming pool. People were supported to go on holiday both in the UK and abroad.

● The registered manager was a member of various networks which supported her to remain aware of current best practice. This included meeting up with registered managers from other homes run by the provider.