

The Regard Partnership Limited

Rhyme House

Inspection report

Rhyme House
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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

Rhyme House is a detached house in Sittingbourne. It provides support for up to ten young people with a learning disability, some of whom are also living with autism. There were ten people living at the service at the time of inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff who knew them well and were focussed on promoting their independence and happiness. People were involved in managing their own risks. Staff gave them the support and information they needed to choose how risks were managed and how much involvement staff should have. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible.

People were supported by staff who had been recruited safely, there were enough staff and staffing levels were planned around people's activities. Staff received the training and support they needed to meet people's needs. Staff told us they felt they were listened to and valued by the registered manager and provider.

People were involved in planning their own support and which activities they wanted to take part in. Staff worked with people to develop their communication skills and introduced communications tools to support people's involvement in care planning. People had regular house meetings and monthly key worker meetings where they could express any concerns and make plans for the future.

People were supported to have a balanced diet that met their cultural and health needs. They were involved in planning menus, shopping and food preparation. Staff worked closely with other professionals involved in people's support. People were supported to attend health appointments when required. Advice received from healthcare professionals was followed and added to people's care plans.

Staff knew how to recognise abuse and told us they would report any concerns. The manager was aware of their responsibilities in relation to safeguarding people and staff told us they were confident the manager would take appropriate action. Risks to the environment were assessed and plans are in place to mitigate risks. People's medicines were managed safely and in the way they preferred.

Regular audits had been carried out to monitor the quality of the service and improvements had been made because of actions taken. The service had received an award from the provider for continuous improvement. People, staff and relatives were asked for their feedback. Accidents and incidents were analysed. Changes were made to the layout of the service because of feedback and learning from incidents which have made a positive impact. There was a complaints policy which was available in an easy read format and complaints had been responded to and resolved appropriately.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rhyme House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 September 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at notifications that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with one person who received care from the service. We spoke with the registered manager, locality manager and four staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including all three staff recruitment files, the staff induction records, training and supervision schedules, and quality assurance surveys and audits. Some people at the service could not tell us about their experience so we observed interactions between people and staff. After the inspection we spoke to two relatives of people living at the service.

The service was last inspected in August 2015 where there were no concerns identified and the service achieved an overall rating of "good."

Is the service safe?

Our findings

One person told us, "Staff keep me safe." Staff told us, "We work hard to support people to live their lives the way they want whilst staying safe. It is important people have the chance to take risks. You just have to work with them to find ways to minimise the risk."

People were supported by staff who had training in safeguarding people and understood their responsibilities. One staff member told us, "I would always report any concerns to the manager. I can always call the local safeguarding team if I need to; their number is on the office wall." The registered manager told us, "I always encourage staff to seek advice from the safeguarding team if they are unsure. It is better to make the phone call and ask what they think, so we know people are safe." People were encouraged to keep themselves safe. Some people went out on their own; staff had spent time with them talking about how to keep safe and what to do if they were worried. When possible people were involved in assessing any risks related to them. They were also involved in planning how to minimise the risks. Staff had clear guidance about how to reduce the risks to people in the least restrictive way.

Risks to people and the environment had been assessed and plans were put in place to minimise their impact. People were involved in regular fire drills to help them understand what they should do in the event of a fire. Weekly checks were carried out of the environment including the fire system, health and safety and cleanliness. When issues were identified action was taken in a timely fashion to resolve any shortfalls. Accidents and incidents were analysed and action was taken to minimise the risk of reoccurrence. Testing had been completed on the gas and electrical systems in the service and an up to date certificate was available.

People were supported by enough staff to meet their needs and staffing levels were based around people's activities. The registered manager told us, "There are certain nights in the week when we know that lots of people have places they want to go, so we plan the rota around that. We often have people visit their families at the weekend so we need fewer staff. Any staff absences were covered by other members of the team and no agency staff were used. Staff were recruited safely, checks were completed to ensure staff were of good character and suitable for their role."

People were supported to have their medicines safely and in the way they preferred. People were encouraged to take an active role in managing their own medicines as much as possible. People's care plans detailed how and where they preferred to have their medicines. When people had medicines which were taken 'as and when required' (PRN) there were clear protocols in place. Protocols gave staff guidance about when to offer the medicine, how often the person could have it and how many doses they should have within 24 hours. No one at the service currently chose to manage their own medicines, but we saw that assessments had been completed to assess people's ability to do so. All staff who administered medicines had received training and had been assessed as competent.

Is the service effective?

Our findings

People told that the staff were very good and they enjoyed the food they had to eat. They told us they made choices about what support they had and what they liked to do.

People were supported by staff who had the training and support they needed to carry out their role. When staff began working at the service they had an induction which included basic training and shadowing more experienced staff. They had regular meetings with their line manager to monitor their progress and identify any additional training needs. There was a training schedule in place offering courses on basic subjects such as first aid and safeguarding. This ran alongside training related to specific needs such as supporting people whose behaviour can challenge and supporting people who were living with autism. Staff had regular one to one meetings with their line manager to discuss any concerns, identify training needs and their personal development.

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). Staff understood the principles of the MCA and they were embedded in the way they supported people. People were encouraged to be in control of their lives and planning their support. Staff encouraged people to make their own decisions and choices with the right balance of support to help when needed, without taking over. When people had difficulty understanding choices or communicating their decisions staff had worked with them to develop ways to enable this. For example, some people would be asked a question followed by the sentence 'is that a yes or a no?' The person would then be able to make their choice known. DoLS applications had been submitted as required.

People told us staff helped them to have the food they enjoyed and this met their cultural needs. One person said, "I have my favourite foods that I used to have when I lived with my mum." Some people at the service required a special diet or had allergies. The kitchen had been arranged so each person had their own cupboard. As a result people knew the food in their cupboard was safe for them to eat. People were involved in planning their menus through house meetings; they could also choose to have a different meal if they wished. Staff encouraged people to be involved in shopping for food and preparing their own meals. On the day of the inspection some people went out for lunch; those who stayed at the service were supported to prepare their own lunch when they were hungry.

People were supported to access healthcare professionals as needed. On the day of the inspection one person went to have a flu jab. Staff spoke to them about the appointment and what was going to happen; they checked the person was happy to go ahead with the injection. When people had health conditions staff worked closely with other health professionals including GPs, community learning disability teams and psychologists. Any advice or guidance received was recorded in people's care plans. Each person had a health action plan and people were involved in keeping records up to date. For example, some people completed or signed records about their continence or bowel movements and one person kept their own food diary. The person showed us their food diary and how they completed it with staff's help.

Is the service caring?

Our findings

People told us staff were 'good.' Relatives told us that staff knew people well and were caring.

People were supported by staff who knew them well and who had built positive relationships with them. Throughout the inspection we saw people and staff chatting and laughing together. Staff worked closely with people to develop their communication skills and introduce tools such as pictures, PECS (Picture exchange communication system) and sign language. When people could become anxious they had 'now and next' boards in their room which helped them to know what was going to be happening. People were encouraged to take ownership of these tools and fill the boards themselves.

One person had felt high levels of anxiety when they moved to the service. Staff worked with them to develop a magnetic activity board in their room. The person now uses the pictures to choose their activity for the day, after breakfast then after lunch. Pictures were included such as 'bad weather' to help the person understand the reasons if plans had to be changed. Staff told us, "As a result of using the board [person] can visualise their day ahead of them and as a result this has drastically reduced their anxieties. We have found this meant they feel secure, are more flexible and more able to accept changes in their routine." There has also been a significant reduction in incidents of behaviours which can challenge since the board was introduced.

People were involved in planning their support and goals. When people could exhibit behaviours which challenged they were encouraged to develop other ways to let people know they were upset or angry. Staff praised people for using appropriate communication tools and remaining calm. Some people could struggle with transitions between activities or could become fixated on certain activities. Staff used a timer to help people countdown to a change in activity. They also reminded people of the countdown saying, "That's five minutes now" and "down to 30 seconds" people responded well to this. When people were doing an activity they didn't enjoy such as house work this was followed by a preferred activity. Staff told people, "We are going to do laundry for ten minutes then time on the computer."

People used their monthly keyworker meetings to update their care plans and discuss any progression towards their goals. Key workers were members of staff who took a key role in co-ordinating a person's care and promoted continuity of support between the staff team. Information was given to people in a format they understood and preferred. Staff took time to check that people understood the information given to them.

People were supported and encouraged to maintain relationships with family and friends. People could have visitors whenever they liked and would often go to stay with family over night or for weekends. People were supported to expand their social circle and to develop skills which helped them to maintain friendships. When people had made friends at social events or activities staff supported them to maintain friendships and offered support if needed.

People were supported by staff who treated them with respect and promoted their dignity and privacy. One

person told us, "This is my room; staff go out when I tell them to. I like to get dressed on my own. I keep it tidy this is how I like it."

People's records were stored securely and staff understood the need for confidentiality.

Is the service responsive?

Our findings

The service was very responsive to people's needs. One person told us, "I am very independent. I go out to bowling and discos which I like. I like dancing."

People were supported by staff who encouraged them to take control of their support and day to day lives. One staff member told us, "The benefit of people having a variety of needs is that we have to think about how we support them as an individual. They do enjoy doing somethings as a group but generally they plan their own days and activities."

Before people moved into the service an assessment of their needs was carried out with them, their loved ones and their care manager if appropriate. The locality manager told us, "Not only do we need to know we can meet their needs, we also need to know they will fit in with the other people who live here. We had an issue before with compatibility and we learned from that. We had a vacant room here for quite some time because we needed to make sure it was the right fit for everyone." Once it was decided the service could meet people's needs they were invited to visit and meet the other people who lived there. The information received at assessment was used to form the basis of their care plan. As the people who lived at the service were young many of them had moved in straight from their parent's home. The service continued to work closely with parents to understand what worked for people and how they liked to be supported once people moved in.

People were encouraged to be involved in writing and updating their care plans. Easy read formats were available for people. Care plans detailed what people could do for themselves, what support they needed and how they preferred to be supported. This included details about what gender of staff they preferred to support them with personal care and how they liked staff to communicate with them. Care plans also included people's life histories and who was important to them. There was clear guidance from staff about how people communicated and how staff should respond. This included any communication tools or details of how to understand people's gestures or facial expressions. People had recorded their likes and dislikes related to both food and activities; they also planned goals and recorded their aspirations. These were then reviewed as part of monthly key worker or house meetings.

People took part in a range of activities which they enjoyed. People showed us pictures of trips they had taken to local castles, zoos and the beach. Each person had an activity planner which included a variety of activities that they enjoyed. Some people attended local colleges or day services. One person said, "I get to do things I like. The staff help me. I've been to Eastbourne and Leeds Castle." On the day of the inspection some people went out for lunch and ten pin bowling, other people went to local shops and took part in activities at home such as cross stitch and using the computer. People completed house work tasks including their own laundry. One person had gone out to meet a friend without staff support and people told us they were looking forward to a local disco that evening.

There was a complaints procedure in place and an easy read format was displayed on a notice board in the lounge area. People were asked if they had any complaints during house and keyworker meetings.

Complaints which had been received had been dealt with in line with the policy and complainants were happy with the outcomes.

Is the service well-led?

Our findings

People, staff and relatives told us the registered manager was approachable and accessible. 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.

The service had a vision which was shared and promoted by all staff. This was to promote people's independence and support them to have the happiest life possible. Staff told us, "We try to help people develop coping skills to be able to try new things. Most of all we try to make it fun, smile, laugh and make people happy." Staff told us the registered manager had a good understanding of the people they supported and was very supportive. They said, "It's very open and transparent, we are encouraged to talk about problems and give ideas for solutions. I really feel they are listened to which makes you feel valued."

The registered manager had many years of experience of supporting people with a learning disability and was supported by a locality manager who visited the service a minimum of once a month. They also attended meetings with the provider's other managers and received information about changes in legislation and good practice from the provider's compliance manager.

The registered manager and locality manager carried out regular audits of the service. Any issues identified formed the basis of an action plan that was monitored for progression. The audits we viewed show consistent improvement and the service had recently been given an award by the provider for 'continuous improvement.' Accidents and incidents were reviewed for learning. As a result of this review changes had been made to the layout of the kitchen area. The registered manager found there were a high number of behavioural incidents in the kitchen. The room had two exits and people were using it as a route to the lounge area. After reviewing the incidents and speaking to people it was decided to close off one of the doors so people only entered the kitchen to prepare food or get a snack. Since this change has been made there have been no further behavioural incidents in the kitchen area.

People, relatives and staff were encouraged to give their views on the service and ideas for improvements. Regular staff and house meetings are held and people have recently attended a forum run by the provider which aims to give people a voice in how the provider moves forward. People completed annual surveys about the support they received and any concerns were addressed. Changes have been made to the service as a result of feedback from people and staff. One person could find the level of noise in communal areas difficult to cope with and as a result would retreat to their room. There was a communal bathroom at the service which was not being used. It was suggested the room be converted into a 'quiet room,' everyone agreed this was a good idea. The work was completed and people often use the room to relax or have some quiet time.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had conspicuously displayed their rating in the service and on their website. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.