







Choice Support Renhold Community 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	

Overall summary

The inspection took place on 23 October 2015 and was unannounced. The service is registered to care for up to five people with complex learning and physical disability needs. At the time of our inspection four people were using the service.

A registered manager was in post. 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.

Staff had a good understanding of what constituted abuse and of the safeguarding procedures to be followed to report abuse.

Risk assessments and accident management systems were used to identify and manage risks to peoples' health and welfare.

Summary of findings

The recruitment systems ensured that staff employed at the service were suitable to work with people using the service. The staffing arrangements ensured there was enough staff available to continually meet people's needs.

Robust medicines management systems ensured people received their medicines safely.

The staff were provided with comprehensive induction training and on-going training. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

The staff treated people dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Healthy eating was promoted and advice was sought from health professionals when concerns were identified.

Staff were motivated and inspired to offer care that was kind and compassionate. Relatives worked in partnership with the staff and were kept informed of any changes to a person's health or well-being.

People had individualised care plans in place that were detailed and reflected their needs and choices about how they preferred their care and support to be provided.

There were regular meetings for staff which gave them an opportunity to meet with the registered manager receive information and discuss plans for the service.

People were provided with information on how to complain about the service and there was an emphasis on the service continually striving to improve.

The service was led by a registered manager, who was supported by an experienced staff team and they continually strived to provide a good quality service.

Regular checks were carried out to assess and monitor the quality of the service. The views of people living at the service and their representatives were sought about the quality of the service and acted upon to make positive changes.

The vision and values of the service were person-centred and made sure people living at the service and their representatives were fully consulted, involved and in control of their care.

The feedback we received health and social care professionals involved in monitoring people's care was positive.

Summary of findings

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 was safe.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protect people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

This service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy diet in sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

The service was caring.

The staff cared for people with compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain regular contact with their families.

Good



Is the service responsive?

This service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

Good



Summary of findings

The views and experiences of people and their representatives about the service were sought and action was taken to improve the service based on the feedback.

A complaints policy was made available for people to use if they had any concerns or complaints about the service.

Is the service well-led?

This service was well led.

There was an open and positive culture which focussed on meeting people's individual needs.

There was good links with the local community.

The registered manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Good



Renhold Community 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.

The inspection visit took place on 23 October 2015. It was unannounced and carried out by one inspector.

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 also reviewed the other information we held about the service. This included previous inspection reports, statutory notifications (information about important events which providers are legally required to notify us by law).

We also received feedback from commissioners involved in monitoring the care of people using the service.

At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

We met with all the people living at the service, however due to communication difficulties associated with their physical and learning disabilities were unable to hold conversations with them. As such we relied on our observations of care and our discussions with the care staff to form our judgements.

We spoke with four relatives the registered manager, deputy manager and three of the care staff team.

We reviewed the care records for four people living at the service to ensure they were reflective of their needs, three staff recruitment files and other records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

Staff took action to minimise the risks of avoidable harm to people from abuse. Relatives told us they felt sure that their relatives were safe and protected from any abuse. They told us they were encouraged to share any concerns they had with the registered manager or any member of staff. Throughout the inspection visit we observed that people looked relaxed and at ease with the staff and with each other. We saw that information on how to raise any concerns about people's safety was available in written and pictorial formats. The information urged people how to speak out if they had any concerns about their safety or welfare.

Staff said they had completed safeguarding training, which included knowing how to recognise and report abuse, they also told us the training was updated annually to ensure they kept up to date with current safeguarding practice. Discussions with the staff demonstrated that they understood the importance of protecting people from abuse. One member of staff said, "I have been working here for several years, each year the staff refresh their knowledge of safeguarding matters so we keep up to date with any changes in reporting procedures. If I ever suspected or witnessed any form of abuse, I would not hesitate to report it". Another member of staff said, "I would not tolerate any person being the victim of abuse, if I ever suspected anything I would report it immediately". The registered manager was aware of their responsibility to report all potential or actual instances of abuse to the local authority and the Care Quality Commission (CQC).

Risks of harm to people were minimised through individual risk assessments being in place. Relatives told us they felt that any risks regarding the care of their relatives were well managed by the staff. We saw they had been developed with the person and / or their representatives and had been subject to regularly reviews. They identified actual and potential risks and guided staff on how they could promote and protect people's safety and individuality in a positive way. They covered areas such as, participating in social and leisure activities, falls management and managing behaviour that challenged the person and others.

Emergency contact information was available for staff in the event of any breakdown with the heating, water,

electrical and fire systems. Contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan carried out in the event of them having to be evacuated from the service. Management checks were carried out regularly to the environment and areas identified for maintenance work were attended to without delay.

Systems were in place to record all accidents and incidents and we saw they were regularly monitored to identify what measures could be put in place to minimise the risks of repeat incidents.

The staffing arrangements ensured that staff were always available to meet the assessed needs of people using the service. All the staff spoken with said they thought there was sufficient staff available to meet people's needs. On the day of the inspection we observed that staff were readily available to support people whenever they needed reassurance or assistance. The registered manager said they also employed staff to work on a bank team, to provide cover for holidays and sickness. They also said from time to time they used staff from an external care agency and always made sure the same staff were requested to ensure continuity for people using the service.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care setting. Staff told us that prior to starting work at the service they had to provide details

on their previous employment history and give their consent to pre-employment checks being carried out. We saw that the staff recruitment records evidenced that gaps in employment histories were explored, written references were obtained and suitability checks had been carried out through the government body Disclosure and Barring Service (DBS).

People's medicines were safely managed. The staff and the registered manager told us that medicines were only administered to people by staff that had completed medicines training and competency assessments. A member of staff explained to us the systems they followed for the ordering, receipt, administration and returning of medicines and records showed that people's medicines were safely managed. We looked at the storage and administration records and found they were in good order.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills they need to carry out their roles and responsibilities. The staff spoke highly of the training they received; many of the staff had worked in the service for many years. They told us they had been provided with a comprehensive training programme and annual refresher training. During the inspection we observed the staff were skilled in caring for the people using the service. One person suffered a seizure and the member caring for them, made them safe and gave reassurance. The person quickly recovered from the seizure and the member of staff ensured they stayed with them continually giving reassurance. Once it was safe to do so the member of staff recorded within the person's care notes that they had suffered a seizure following the protocol set in place.

All staff underwent comprehensive induction training. The registered manager told us that two new staff had completed care certificate training that from April 2015, replaced the Common Induction Standards and National Minimum Training Standards. We saw the staff training plan covered mandatory health and safety training and awareness of the mental capacity act and deprivation of liberty safeguards. We also saw that service user specific training was provided on areas such as, caring for people with a learning disability, advanced communication, low level behaviour and equality and diversity.

Staff had been provided with specific training in order for them to understand the conditions of people living with learning and physical disabilities and how they could provide effective support for people. One member of staff said they had recently attended a course on advanced sensory communication skills, they said, "I thoroughly enjoyed the course, I even learned some basic sign language, although we don't have any clients living here at the moment that use sign language it is really handy to know". One member of staff said, "I have done lots of training over the years, the company are very good at providing training". The staff told us that training was provided face to face and through e-learning modules that were used to act as an aid to refresh their knowledge on subjects.

People's needs were met by staff that were effectively supported and supervised. Staff told us they had regular supervision meetings with their supervisor. They said the meetings provided the forum for them to discuss in confidence their work performance and identify areas for further support and training. The staff said the registered manager and the deputy manager were very approachable and always took the time to offer support, advice and practical help whenever needed.

Staff told us they had appraisal meetings to evaluate their learning and development needs and plan future training. The staff said they worked well together and supported each other, they confirmed that regular staff meetings took place to discuss training needs and matters relating to the care of people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us they had received specific training on the MCA 2005 and the DoLS legislation and this was supported within the staff training records seen. We found the registered manager had followed the requirements under the DoLS legislation to submit applications to a 'Supervisory Body' for authority to do so and the DoLS applications had been authorised. We found that the registered manager was complying with the conditions applied to the relevant authorisations. People's care records contained assessments of their capacity to make decisions and where they lacked capacity to make decisions 'best interest' decisions were made on the

Is the service effective?

person's behalf following the MCA 2005 and the DoLS legislation and code of practice. For example, where restrictions were placed on people leaving the service unescorted in order to keep them safe.

People's consent was always sought in line with legislation and guidance. We observed that staff consistently asked for people's consent before providing their care and support, this was achieved through communicating with people using verbal and non-verbal methods. The staff were skilled in responding to people's individual ways of communicating, such as sounds and gestures.

People were supported to eat a varied balanced diet that met their preferences and promoted healthy eating. We saw they were supported by staff to choose each day what they wanted for their meals through the use of food picture cards and foods took into account dietary needs and food intolerances.

There was a strong emphasis on the importance of promoting independence with eating and drinking. We saw that specially adapted plates and cutlery were used by some people and the staff supported and encouraged people to prepare their meals within their capabilities. For example, we observed a person being supported to spread butter and jam on their bread, the person had a good

rapport with the member of staff who was sitting beside supporting them, the person smiled fondly at the staff member and appeared pleased they had successfully completed the task on their own. We also observed one person helped with preparing the evening meal by grating the cheese to put on top of a cottage pie.

We saw that people's care records contained nutritional assessments that were regularly reviewed and the staff tactfully monitored people's food and drink intake. Some people had swallowing difficulties, requiring a soft diet and fluids to be thickened. The staff worked in collaboration with health professionals, such as the speech and language therapist and dietician to ensure people received a diet that was nutritious and met their specific dietary needs.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff and relatives of people using the service told us that people saw health professionals when needed. Records showed that the staff took prompt action in response to any deterioration or sudden changes in people's health conditions and acted on the instructions of the health professionals. We saw that people had regular contact with their GP and associated healthcare professionals to ensure their health was regularly reviewed.

Is the service caring?

Our findings

Positive caring relationships were developed between the staff, people using the service and their friends and relatives. All of the relatives we spoke with spoke highly of the staff, they said they were always made welcome, whatever time of day they visited. One relative said, “The staff are absolutely brilliant, we feel part of one happy family”.

The staff were motivated and inspired to provide care that was kind and compassionate. They spoke warmly about people and had a detailed knowledge of each person’s individuality. They assisted us with communicating with people who were unable to express themselves verbally to us and it was apparent that the people using the service and the staff understood each other very well. Their interactions with people using the service, demonstrated they were skilled in understanding and responding sensitively to people through, the use of touch, sounds and gestures.

There was a strong, person centred culture and interactions between people using the service and the staff demonstrated that people’s individuality was promoted and protected. One relative said, [name] loves cats, she is very happy that the cat chooses to sleep under her bed, I think the cat knows this and has adopted her”. People

using the service had lived there for some time and they and the staff knew each other very well. We saw that people’s daily routines and activities matched their individual needs and preferences.

People and their representatives were involved in making decisions and planning their own care. All the relatives we spoke with confirmed they were involved and consulted in their relatives care reviews, they knew which member of staff was their relatives named keyworker and said they had good relationships with the staff. A keyworker is a member of staff that is matched to each person using the service, their role is to oversee the care of the person to ensure their needs are fully met.

People were asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences.

Staff respected people’s rights to privacy and confidentiality. We joined the morning staff handing over information to staff due to work over the afternoon / evening. We noted the staff were very mindful of respecting people’s privacy when discussing their care needs and personal matters. We also saw that confidential information about people was stored securely.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The registered manager told us that before people moved into the service they worked closely with the person, their family or their current care provider. The person was invited to visit the service on several occasions before moving in so that they got to know the other people living at the service and the staff. This helped relieve any anxiety about moving in and also provided the opportunity for the person's needs to be fully assessed to ensure the service could meet their needs.

Each person had a detailed care plan that was used to guide staff on how they could be involved and in control of their lives. We saw that each person's care plan had a one page profile available that detailed their individual talents and skills and things that were important to know about them. For example, one person did not like to use a specific hoist sling as they found it uncomfortable, or to have their jacket put on when they were in their wheelchair.

We also saw that the staff worked well with people through observation and their preferred methods of communication. One relative said, "The staff know [name] so well, they communicate really well with [name] they have a very good rapport". Each of the care plans had detailed communication profiles in place that instructed staff on how best to communicate with the person. For example, people with limited vocabularies, how they communicated through the use of sounds, body language, facial expressions and the use of photographs and picture cards. The staff told us one person used a high pitched sound to indicate when they were happy and when they were feeling unhappy they would begin to throw objects. The profiles identified the time of day when the person was at their most receptive to make informed decisions, they stressed the importance of staff always presenting choices and giving people time to make choices.

During the inspection we observed people received care and support in line with their care plans. The staff understood people's needs and we saw they were competent and confident when supporting people, the staff said gaining people's consent was a fundamental part of providing care. We also saw that the importance of staff seeking people's consent to the care they received was recorded within their care plans.

We saw that care reviews took place regularly and all the relatives we spoke with confirmed they were invited to attend the reviews and felt very much involved in any decision making. The reviews also included the input of professionals involved in the people's care.

People were encouraged and supported to engage in social, occupational and recreational activities. We saw that people's care records contained information detailing their interests and hobbies and people were encouraged to share information about their likes and dislikes, hobbies and interests. This was so that meaningful activities could be arranged to suite individual taste and preferences.

The service played a key role in the local community and was actively involved in participating in community events. A relative spoke of the support their relative was given to attend church services, they said, "The staff support [name] and myself to attend church together". They talked of regularly attending 'faith and light' meetings at their church and how the staff also took part in joining the services. The registered manager told us that on one occasion people had not attended a coffee morning held at the local church and people from the church were so concerned about their absence they visited the service to check that everybody was ok.

The staff told us that each day they took people out of the service to engage in activities of their choice and we saw the outings were documented within the daily notes held in people's care records.

People were supported to maintain relationships with people that mattered to them. We observed people appeared happy in each other's company. One relative said, "I visit [name] every week, I'm elderly myself, the staff are so kind and helpful, they help me and [name] to go on outings together". All of the relatives were spoke with said they could visit their relatives as often as they wanted and the staff supported people to visit them on a mutually agreed basis.

The services listened to and learn from people's experiences. The registered manager told us that 'tenant' meetings took place regularly. We looked at the minutes from the meetings and saw they included discussions on improvements to the service, for example, people being consulted in choosing a new lounge carpet and choice of

Is the service responsive?

menu's using food tasting sessions. They also included people being informed of any changes such as introducing new staff that had started working at the service, and ideas for activities and outings.

We saw that information was made available to people using the service and their relatives on how to make a complaint and it was available in picture and written formats. All the relatives we spoke with said they had no cause to complain about the care their relatives at the service. They all said if they did they would speak directly with the registered manager. The registered manager confirmed they had not received any complaints over the past 12 months. The staff told us that each day they took people out of the service to engage in activities of their choice and we saw the outings were documented within the daily notes held in people's care records.

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Is the service well-led?

Our findings

The culture of the care provided at the service was one of openness, where people living at the service, relatives and staff were fully respected as unique individuals. Relatives all said they knew who the registered manager was and that she was very friendly and approachable. The registered manager said she operated an open door policy and always made time for people to meet with her.

Our observations and discussions with the registered manager, deputy manager and staff demonstrated that they had a good knowledge of people's care and support needs and good relationship with people's relatives and other visitors.

We saw that systems were in place to record all accidents and incidents. Appropriate action was taken to minimise the risks of repeat accidents and incidents. The registered manager had appropriately notified the Care Quality Commission (CQC) of events as required by the registration regulations.

The registered manager and staff ensured that people living at the service had daily access to the local community and they were very much integrated and involved with the local community and regularly attended community events. One member of staff told us the service was taking part in baking cakes for a fete that was due to take place at the local church.

People living at the service and their relatives were regularly asked for feedback on the service and their comments and views were listened to and used to continually make improvements to the service. The

relatives we spoke with all confirmed they were fully involved in all decisions about their relatives care and the staff always kept them informed about any changes in their relative's health.

The staff spoke highly of the registered manager and said they felt much supported and enjoyed their work. One staff member said, "I have worked here for many years, I love my job, it's very rewarding".

Staff told us they were provided with a comprehensive induction programme and continual learning and development opportunities were provided. They also confirmed they received regular supervision and appraisals.

The staff were aware of their safeguarding responsibilities to protect people from abuse. They said they had confidence that the registered manager would always act immediately on any concerns reported to them and they knew how to raise concerns under the providers whistle blowing policy. Whistle blowing is a way in which staff can report misconduct or concerns they have witnessed within their workplace directly to the Local Safeguarding Authority or the Care Quality Commission if they believed the registered manager did not take appropriate action to protect people from abuse.

There was an emphasis on the service continually striving to improve. The quality assurance systems to monitor people's care were robust and used to drive continuous improvement. The registered manager and the deputy manager regularly checked people's care plans, risk assessments, staff records, the medicines management systems and the environment.