Renaissance Care Services Limited

Renaissance Residential Home

Inspection report

56 St Marychurch Road
Torquay
Devon
TQ1 3JE

Tel: 01803201513
Website: www.renaissancecarehome.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 4 and 5 October 2016 and was unannounced. Renaissance Residential Home provides care and accommodation for up to 17 people. On the day of the inspection 15 people were living in the home. Renaissance Residential Home provides care for people with a learning disability.
Two registered managers managed the service; one of which was also the registered provider and delegated certain management responsibilities to the other 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 told us they felt safe using the service. There were risk assessments in place to identify any risks related to people's care and support needs. People received support to maintain their health and any referrals to healthcare professionals were made in a timely fashion. Staff knew how to keep people safe understood the risks relating to people's health needs, however, these were not always included in people's risk assessments. When people sometimes felt anxious, staff supported people to feel better but how they did this was not included in guidance for staff to ensure consistency for the person. The registered provider confirmed these would be put in place as soon as possible.

Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. People told us staff provided information about staying safe and supported them to keep safe.

Some people were supported with their medicines. Staff had received training in the safe administration of medicines but had not received regular competency assessments which meant they may not be working in line with best practice. Staff understood people's needs in relation to their medicines but there was no information recorded for medicines that were prescribed to be taken, 'as required', this meant there may be a risk of staff administering medicines incorrectly. The registered provider told us they would ensure these were put in place.

The recruitment process of new staff was robust. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "You can't fault them. There's nothing they could do better."

Staff and the registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) but no-one living at the service was currently assesses as lacking capacity.

There was a positive culture within the service. The registered provider had clear values about how they wished the service to be provided and these values were shared by the whole staff team. The registered provider and staff described trying to create a 'family home' for people, and people and relatives felt this

had been achieved.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider and registered manager were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to and any changes or concerns were dealt with swiftly and efficiently.

The registered manager and registered provider monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. However, audits that were in place to identify any improvements that could be made to the service had not been carried out effectively, so few actions had been taken as a result. The registered provider told us, they would improve the way audits were completed in the future.

People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. Comments included, "The management are brilliant."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People had risk assessments in place to mitigate risks associated with living at the service. Staff understood people's risks related to their health and social care needs and supported them to be as safe as possible, but these were not always recorded in risk assessments. This meant staff may not always be working in a consistent way which reflected best practice.

People received their medicines at the right time, however details about people's needs in relation to their medicines was not always accurately completed. This meant it was possible people's medicines may not be administered correctly. Staff had been trained in administering medicines but had not received regular competency assessments. This meant staff may not always be working in line with best practice.

When people experienced anxiety, staff knew how to support them but their care plans did not include detail about how best to do this. This meant staff may not all have been supporting the person in a consistent way.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

Is the service effective?

Good

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People's healthcare needs were met by staff who supported people to contact the relevant professional.

Staff understood the Mental Capacity Act 2005 (MCA) and promoted choice and independence whenever possible.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect. People spoke highly of staff.

Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual likes and dislikes and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People took part in a range of activities which reflected their interests and wishes.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the service and staff spoke of providing a family home for people. This reflected the ethos of the registered provider.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Renaissance Residential 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 took place on 4 and 5 October 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with four people. We reviewed five people's records in detail. We also spoke with five staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, minutes of meetings and policies and procedures. We were supported on the inspection by the registered provider and two senior members of staff. The other registered manager was not available.

Following the inspection we sought the views of three professionals who know the service well. These were a Clinical Skills Facilitator, who had provided training to staff around people's individual health needs, a Social Worker and a Community Nurse. We also spoke with three relatives of people who use the service.

Requires Improvement

Is the service safe?

Our findings

Records and procedures required to help ensure people's medicines were managed safely were not always in place. When people had medicines that had a variable dose, or medicines that had been prescribed to be taken 'as required'; there was no information describing when people would need these medicines and how staff would know. Staff were knowledgeable with regards to people's individual needs related to medicines and no-one reported previous problems or mistakes with the administration of these medicines; however this lack of detail meant it was possible staff may not administer them correctly. Staff were trained in medicines administration and confirmed they understood the importance of safe administration and management of medicines. However, staff had not received regular competency assessments to help ensure they remained competent to administer medicines. The registered provider told us they would make sure these changes were implemented in the future.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Some people managed their own medicines. This was detailed in their care plan and risk assessments so staff knew exactly what support they needed to maintain their independence in this area.

Some people had health and social care needs which carried a risk to their wellbeing if they did not receive the correct support. These were not always recorded in risk assessments. For example, one person's records described them as at risk of aspiration, but their risk assessments did not contain detail about what actions staff should take to ensure the person's safety. Staff told us they knew how to keep people safe and there was no evidence people had not received safe care but the lack of information meant staff may not always be aware of best practice for supporting that person. The registered provider told us they would ensure this information was added.

Some people's care plans described clearly what things might cause them to become upset or anxious. People told us staff provided support for them during these times, however, there was no detail to guide staff on how each person preferred to be supported in this situation. This meant staff may not be consistently supporting the person in the best way to help alleviate their anxiety. The registered provider told us they would ensure this information was added to people's care plans.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. A staff member explained, "It's not to stop them doing things. It's to make everyone aware of the risks. One person rushes sometimes when making hot drinks. We are there to remind them to slow down and they remember they might burn themselves otherwise."

People told us they felt safe living at Renaissance Residential Home, one person confirmed, "I do feel very safe." People felt comfortable speaking with staff and told us staff would address any concerns they had

about their safety.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "Someone is always available to listen to us." Staff had received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People had access to information about safeguarding and how to stay safe. Staff described how they supported people who went out independently, to be safe. This included, reminding people to have credit on their mobile phone and to take it with them, plus making sure they had the correct details with them, in case they needed to phone someone for support. One person confirmed, "The staff talk to me about staying safe."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was also information displayed for people in an accessible format describing what to do in an emergency.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. A staff member explained, "I waited until all my checks came back before I started."

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. One staff member told us, "Even if there's an emergency, we still have enough staff here." A healthcare professional told us they felt there were always enough staff on shift, whenever they had visited.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and acted on promptly. Appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. For example, one person had got a new walking frame after theirs had caused them to fall.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "You can't fault them. There's nothing they could do better." A healthcare professional told us they thought the staff were very good and couldn't speak more highly of them. Many of the staff had worked at the home for several years and so knew the people and the service well. The registered provider told us, "We have quite a lot of senior staff as they have been here a long time and are very experienced."

New members of staff completed a thorough induction programme, which included being taken through the home's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. The registered provider told us people's individual personalities were considered when deciding who new staff should support. They explained, "Some people take longer to get to know new staff, so we wait till they feel comfortable before the staff member supports them."

Staff told us on-going training was planned to support their continued learning. This included core training required by the service as well as specific training to meet people's individual needs, such as administering insulin. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "If you think you need extra training. They listen and you will get the training." Staff told us they were encouraged to work towards qualifications appropriate to their role. However, there was no clear system in place to identify which staff's training was up to date and which staff needed to update their training. The registered provider told us they would ensure this was put in place to help the registered manager have a clear overview of the training requirements of the staff team.

Staff told us they felt well supported in their roles and supervisions were carried out regularly. One member of staff confirmed, "In our supervisions, we're asked how we're feeling, set goals and discuss if we've achieved previous goals. We're always asked if we have any concerns about ourselves, other staff or the residents and if we feel anything needs changing." They added that it gave them the opportunity to reflect on their work, telling us, "You can see what you're achieving now compared with when you first started."

We checked whether the service was working within the principles of 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. No-one living in the home was assessed as lacking capacity. However, the registered provider told us they had concerns about one person's understanding of their finances, so they were going to seek advice to help ensure they assessed the person correctly and protected the person's rights.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody had required a DoLS application, however the

registered provider understood the process to follow should they need to make an application.

Staff told us they always asked for people's consent before commencing any care tasks and we heard staff regularly asking people's consent throughout the day before they offered any support. However, some people had their money looked after by staff but there was no record to show they had consented to this. The registered provider told us "We wouldn't look after people's money if they didn't want us to." They confirmed they would make sure people's consent was recorded.

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "They feed us well!" People were encouraged to say what foods they wished to eat and when and where they would like to eat and drink. One person explained, "We discuss food in our meetings and we all get a say about what goes on the menu. If you don't like something you can have something else too." The registered provider told us, "At the moment, people like all the dining tables together so we can sit together and eat; but we do check every so often that they still want them like that." They also explained some people chose to eat in quieter areas of the home sometimes. Staff were all aware of people's dietary needs and preferences and one person who was blind had a menu available in braille.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff were particularly knowledgeable about what support each person needed to stay healthy, how to recognise signs they may be unwell and what action to take as a result. Care plans contained clear information about how people communicated they were in pain. This helped staff identify concerns early and refer people to the correct healthcare professional. A staff member told us, "You can tell when people are unwell and we contact professionals immediately. We always check with them [people] and ask them first." One person confirmed, "If I'm unwell staff ring the GP or I do. Staff ask which I would prefer." A healthcare professional told us staff highlighted concerns swiftly and gave them the information they needed to know in order to treat the person effectively.

When staff felt people needed some extra support to keep themselves healthy, they did this in a respectful way. For example, one person was no longer able to accurately monitor a health need on a daily basis, as recommended by the GP; a staff member explained, "We asked them if it was ok for us to help." This meant the monitoring was more effective and the person would receive any treatment they needed as soon as they needed it.

One person had a traffic light system in place which alerted staff to signs the person may be becoming unwell. There were clear actions for staff to take if they recognised any of the signs. The person's relative confirmed, "They're on the ball. They have to look for signs [….] is unwell and they're really clued up." Other people, who had diabetes, had their blood sugars tested by staff regularly. There were clear protocols for staff to follow, if the blood sugars were too high or too low. One person confirmed, "Staff know what to do if they are too low or too high."

People were supported by staff who considered how to adapt the environment to best meet people's needs. For example, one person, whose repetitive movements tended to wear out parts of their bedroom, had just had their room redecorated with more hard wearing materials which would not wear out so quickly. This meant their bedroom would look smarter and more homely for longer.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. One person told us, "They treat you as equals and they're very kind. All in all, we have a good old laugh!" Another person described the staff as, "Very supportive and kind." They added, "They help you and sometimes go out of their way." Staff clearly cared about the people they supported. One staff member told us, "I love working here. There's something new every day. There are so many different characters and we're like one big family. It's a very close knit place." Other staff comments included, "I enjoy making people happy and seeing the smile on their face" and "We like to treat people how we would treat our family." Health care professionals and social care professionals told us they felt staff were very caring.

People told us their privacy and dignity were respected. Comments included, "Staff knock on my door before coming in and they respect my personal belongings." Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would place towels over laps and make sure doors were closed. They explained, "I always ask the person, whatever I'm doing, if they are happy with me doing it."

Staff showed concern for people's wellbeing in a meaningful way and we saw staff interact with people in a caring, supportive manner. One person told us, "Staff ask if I'm happy. Sometimes they get a feeling if you're not happy. They ask and try to help sort it out. They help if I'm feeling down. They talk and have a cup of coffee." The registered provider told us they had recently supported someone to visit a family member who was unwell. They explained, "As soon as they became unwell we took […] to visit them and when we were told their health had declined, we went straight away again. You don't think twice. It was a long journey but it's just what we do."

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Relatives told us they felt it was important to their family members that staff knew them well, as this helped staff recognise what the person wanted. They confirmed staff did this well and listened to people in order to help ensure their needs were met. Healthcare professionals also confirmed they felt staff knew people well.

Staff knew people's individual communication skills, abilities and preferences. For example, a staff member told us, "[…] used to have some pictorial cards to communicate what they wanted but they didn't like them so we use some signing instead. We understand what they mean by the signs they use." Another person's care plan explained that sometimes they might shake their head when they meant 'yes'. These details meant staff understood the way people communicated which helped ensure people's needs and wishes were met. People told us, staff listened to them and took appropriate action to respect their wishes.

Staff told us people were encouraged to be as independent as possible. Care plans identified what a person could do for themselves and what they needed support with. People were encouraged to take part as far as possible in tasks around the house such as cleaning, cooking and washing up to help maintain their skills.

Good

Is the service responsive?

Our findings

People had care plans that clearly explained how they would like to receive their care, treatment and support. Staff told us they involved people as far as possible, in developing their care plans so care and support could be provided in line with their wishes. Where appropriate, family members had also been consulted. One person told us, "I chose what went in it" and another person explained they had written their own care plan for staff to follow. Where people liked to have a routine, information had also been documented in detail describing what this involved.

Staff told us support plans contained all the information they needed to provide the right care and support for people. Support plans were reviewed regularly but key information had not always been updated, for example, staff had received training to support one person with their insulin twice a day. However, the care plan still stated the district nurse did this. The registered provider told us they would ensure care plans all reflected people's current needs.

Before people moved into the home they were able to visit as many times as they liked. This helped ensure staff understood people's needs and the person felt comfortable with the service before moving in. A staff member told us, "People usually start with visiting for a cup of tea and then stay for a meal. Sometimes they stay overnight too. One person stayed for a week. It gives people who live here the opportunity to chat to them and find out about them too." People who already lived in the home were consulted about whether they felt happy for the person to move in and their views were respected. Information was then sought from the person, their relatives and other professionals involved in their care, which informed an initial plan of care.

People's needs were reviewed regularly and as required. Where necessary, relevant the health care professionals and social care professionals were involved. Handovers between staff at the start of each shift ensured staff were kept up to date with any changes and that important information was shared, acted upon and recorded to ensure people's progress was monitored.

People told us they were empowered to make choices and have as much control and independence as possible. People's rooms were personalised and reflected their personalities and needs. The registered provider told us some people were currently choosing how they would like their bedrooms redecorated. One person confirmed, "I'm having a new wardrobe fitted. I'll be able to choose what it looks like." People were also involved in choosing furniture for the rest of the house to help ensure the home reflected their tastes.

The service had good links with the local community. People took part in a wide range of activities, according to their interests, and were able suggest other activities they would like to complete. One staff member confirmed, "We offer people the opportunity to do different things, to go out to places. If they want to do things, they do." One person confirmed, "If I want to go out anywhere, staff make time." Another person described how staff went over and above to support them to attend activities they enjoyed. They explained, "I attend majorette competitions three times a year. A staff member always comes with me as I

have to stay away." They also told us, "I am interested in joining a singing group but it doesn't finish till 10 pm. This is after the day staff finish but they've told me, if I want to go they'll take me and pick me up."

In addition to activities in the community such as attending social groups, working and volunteering, people were able to maintain hobbies and interests at home with staff providing support as required. A staff member told us, "We have just made a list of activities with people that they would like to do as the weather turns colder." People were also supported to go on holidays of their choice. A staff member told us, "A group of people went to Butlin's this year and have already decided they'd like to go abroad next year."

The registered provider and staff had an in depth understanding of people's interests and the importance of different activities in people's lives. They used this knowledge to support people to find the right opportunities for them. For example, an activity in the community, one person had enjoyed had stopped, so staff had found them an alternative that still reflected their interests. The registered provider told us, "We knew they needed to get out and see different people. Not just see us." They explained how another person felt very valued by their work, telling us, "It's very important to them."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People told us, "I'd talk to the staff or the manager if I had a complaint. They do listen and change things" and "If they get something wrong, I tell them and then they know to do it right next time." Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Good

Is the service well-led?

Our findings

People and staff felt the service was well led. One person told us, "They [the registered managers] most definitely do a good job" and another person told us, "[The registered provider] is fantastic. They run round ragged for people." Staff members told us, "We have 24 hour access to the registered managers and they are definitely able to give us the correct advice with their experience and knowledge" and "The management are brilliant."

Staff told us the registered provider and registered manager took active roles within the running of the home and had good knowledge of the staff and the people who lived there. The registered provider told us how they felt it was important to look after staff. They explained, "We try not to put undue pressure on staff. I will pick up shifts myself. I don't expect staff to do anything I wouldn't do."

People, visitors and staff all described the management of the home to be approachable, open and supportive. A staff member told us, "[The registered provider] is very approachable and you can talk to them about anything." The registered provider was proactive in being available to people and staff. They explained, "I come in at different times of the day. It's important I know what's happening beyond 9am to 5pm. The evenings are a quieter time and give people more of an opportunity to talk to me." Relatives confirmed they could contact the registered manager and registered provider at any time and felt they were listened to.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Staff meetings were regularly held to provide a forum for open communication. A staff member told us, "We talk about every resident, any changes to medication or concerns we have. We get told about any changes to the service or the home and if anyone [people] needs anything changing. We discuss people's activities, health concerns and holidays. We can all have our input and our suggestions are listened to."

The service inspired staff to provide a quality service. The registered provider talked about their desire to create a family home for people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff, people and relatives all described the service as being like a family home.

The registered manager and registered provider valued people's feedback and acted on their suggestions. Residents' meetings were held regularly to discuss people's views of the service and any changes that people wanted. One person told us, "We discuss any new ideas for the home." Questionnaires were also regularly used to gain people's opinion of the service.

There was a thorough quality assurance system in place to drive continuous improvement within the service. However, this had not been completed effectively and few actions to improve the quality of the service had been noted as a result. This meant areas of concern identified within the inspection, such as care plans not always being up to date with people's current support needs, risk assessments not reflecting people's risks relating to their health and lack of detail regarding some medicines, had not been acted upon.

The registered provider had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.